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ABSTRACT

This Kids Count report is the seventh to examine statewide trends and county data on the well-being of Nebraska's children. The bulk of this statistical report presents findings on indicators of well-being in eight areas: (1) child abuse and neglect/domestic violence (investigated and substantiated cases, who reports, types of abuse, domestic violence shelters, how domestic violence affects children); (2) early childhood care and education (early childhood development, early childhood education programs, Early Head Start, child care facilities and subsidies, Nebraska Good Beginnings); (3) economic well-being (Earned Income Tax Credit, single parent families, divorce and child support, Family Mentoring Project, Temporary Assistance to Needy Families); (4) education (high school graduates, school dropouts, expelled students, special education, educational achievement scores); (5) physical and behavioral health (births, prenatal care, low birth weight, secondhand smoke, births to teens, out-of-wedlock births, immunizations, blood lead levels, access to health care, infant mortality, child deaths, suicide and homicide, drug use, seat belt use, drinking and driving, weapons, fighting, teen sexual behavior, mental health and substance abuse treatment, community-based services, residential care); (6) juvenile justice (juvenile arrests, victims of rape, probation, detention after arrest, Youth Rehabilitation and Treatment Centers, adult jail and parole for juveniles); (7) nutrition (food stamps, USDA nutrition programs); and (8) out-of-home care and adoption (out-of-home care, State Foster Care Review Board, licensed and approved foster homes, lack of foster care homes, multiple placements, race and ethnicity, adoption services). The report also includes an introductory commentary on Nebraska's abused and neglected children. (EV)

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kids count in Nebraska

1999 REPORT

A Publication of
Voices for Children in Nebraska

William, 2 and Colin almost 3 – "Lunch Buddies"

Kids Count is a national and state-by-state effort sponsored by the Annie E. Casey Foundation to track the status of children in the United States utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. An important component of this project is the Technical Team of advisors. The Kids Count Technical Team is comprised of data representatives from the numerous agencies in Nebraska which maintain important information about child well-being. This team not only provides us with information from their databases but advises us on the positioning of cooperation and the support of their agencies. ***Kids Count in Nebraska,*** sponsored by the Annie E. Casey Foundation, began in 1993. This is the project's seventh report.

*Additional copies of the **1999 Kids Count in Nebraska** report as well as 1993, 1994, 1995, 1996, 1997 and 1998 reports, are available for $10.00 each from:*

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Cover photo: Altheia, 12 and Irene, 3 – "Kissing Sisters"

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Erratum

***Page 20-School Breakfast section-second sentence:**
Please replace "428 schools in 719 districts" with "1,192 schools in 719 districts".
***Page 7-Child Care Facilities and Subsidies section-second paragraph-second sentence:**
Please replace "15,956 families" with "15,956 children".

Table of Contents

I. Commentary '99 2
- Nebraska's Abused and Neglected Children . . . How to Make "The Good Life" a Reality for Them
- How Are Nebraska's Abused and Neglected Children Faring and How Adequately Are We Serving Their Needs?
- New Data Dilemmas in 1998 and 1999
- Improvements Needed

II. Indicators of Child Well-Being

Child Abuse and Neglect/ Domestic Violence 4
- Investigated and Substantiated Cases
- Who reports?
- Types of Abuse
- Domestic Violence Shelters
- How Domestic Violence Affects Children

Early Childhood Care and Education 6
- Early Childhood Development
- Early Childhood Education Programs
- Early Head Start
- Child Care Facilities and Subsidies
- Nebraska Good Beginnings

Economic Well-Being 8
- Earned Income Tax Credit
- Single Parent Families
- Divorce and Child Support
- Family Mentoring Project
- Temporary Assistance to Needy Families (TANF)

Education 10
- High School Graduates
- School Dropouts
- Expelled Students
- Special Education
- Educational Achievement Scores

Health – Physical and Behavioral 12
- Birth
- Prenatal Care
- Low Birth Weight
- Secondhand Smoke
- Births to Teens
- Out-of-Wedlock Births
- Immunizations
- Blood Lead Levels
- Access to Health Care
- Infant Mortality
- Child Deaths
- Children and Youth: Suicide and Homicide
- Youth Risk Behavior Survey
  - Health Risks: Alcohol, Tobacco, and other Drug Use
  - Health Risks: Seat Belts, Drinking and Driving, Weapons, Fighting
  - Teen Sexual Behavior
- Mental Health and Substance Abuse Treatment
- Community-Based Services
- Residential Care

Juvenile Justice 17
- Juvenile Arrests
- Victims of Rape
- Probation
- Detention after Arrest
- Youth Rehabilitation and Treatment Centers (YRTC)
- Adult Jail and Parole for Juveniles

Nutrition 20
- Food Stamps
- USDA Nutrition Programs
  - School Lunch
  - School Breakfast
  - Summer Food Service
  - Child and Adult Care Food Program
  - Commodity Distribution Program
  - Commodity Supplemental Foods Program (CSFP)
  - WIC

Out-of-Home Care and Adoption 22
- Out-of-Home Care
- State Foster Care Review Board
- How Many Children are in Out-of-Home Care?
- Licensed and Approved Foster Homes
- Lack of Foster Care Homes
- Multiple Placements
- Race and Ethnicity
- Adoption Services

III. County Data Notes 25

IV. County Data 26

V. Methodology, Data Sources, and Definitions 30

VI. References 32

VII. Kids Count Team Members 33

Commentary '99

Nebraska's Abused and Neglected Children . . . How to Make "The Good Life" a Reality for Them

When a child grows up in a household where there is violence it has a significant effect on their ability to develop and function during that period of their lives. It also factors significantly into who and what they will become as adults. Kids Count reports through the years have cited national research studies describing the likelihood of child victims becoming adult perpetrators or continuing in the role of a victim as an adult. Maltreated children show fewer social competencies and fail to develop positive peer relationships. We also know that abuse and neglect increases a child's likelihood of being arrested both as a juvenile and later as an adult.[1] A 1993 Office of Juvenile Justice and Delinquency Prevention longitudinal study that sampled high risk youth, described a link between childhood victimization and delinquent behavior indicating that abused or neglected children are more likely to be violent offenders than non-abused children.[2] "Children who experience abuse and neglect have difficulty concentrating and learning. If they experience a number of disruptions either through a parent frequently leaving an abusive partner or through the Foster Care System, they may actually lose portions of their memory. Children who are neglected develop brains that are 20-30% smaller than normal for their age.[3]" Children need to attach to a caring adult during their developmental period, between ages 4-10.[4] *See Child Abuse and Neglect, Domestic Violence, page 4.*

In other words, child abuse prevention programs, as well as effective early intervention programs, will not only make "the good life" a reality for those children, but for all of us. If we want children to be productive adults we will have to increase the likelihood that they are able to become educated and turn to a positive productive life, rather than a life of continued dependence, victimization or criminal activity.

How Are Nebraska's Abused and Neglected Children Faring and How Adequately Are We Serving Their Needs?

Unfortunately, we do not have all of the information we need to answer those pressing questions. Previous Kids Count reports have presented the inadequacies of our Child Protective Service database, citing the absence of documentation for all calls coming in to Child Protective Services. In many instances the caller is reporting what they suspect to be child abuse and neglect, but the hotline or the intake worker screens that call out, due to inadequate information or what they believe to be a low level of maltreatment or risk. Unfortunately, Nebraska never kept a state-wide tracking system of those calls, so all we were able to report was the cases that were investigated and the number of those that were substantiated according to the Health and Human Service database.

The picture of child abuse and neglect is ever-changing across the country. Substantiated cases of child abuse and neglect have increased in many states at the same time they are decreasing in others. Some states report all calls alleging abuse and neglect while others only report cases investigated. Nebraska can't document calls reporting incidents. We have seen only a slight increase in the cases investigated and experienced a 50% decrease in the cases substantiated over the same period of time. This would be wonderful news if professionals believed that the incidence of child abuse was truly declining in Nebraska, but Nebraska professionals do not believe that is the case. In fact, even another set of data from the Department of Health and Human Services paints a very different picture. The previous Department of Social Services (DSS) database for children in out-of-home care shows that during the same ten years where the substantiated cases decreased by 50%, the children in out-of-home care increased by almost 30%. When you look at the reasons for children becoming state wards from 1988 through 1996, the percentage of children with adjudication status of child abuse and neglect increases from 56.4% to 61.8%, so the proportion of substantiations of child abuse and neglect should also be increasing at a similar rate. *See Out-of-Home Care and Adoption, page 22.*

Again, incomplete databases leave us with unanswerable questions. We do know that a 1994 policy memo may have decreased substantiated cases by clarifying the level of evidence required. Based on local office information we also know that there seems to be an increase in the offering of voluntary services to families who may not have been substantiated in the computer data base. However, once again we do not have a statewide database of the voluntary case load so we cannot compare the increase of that case load against the decrease in substantiations.

New Data Dilemmas in 1998 and 1999

Nebraska's conversion to the new N-FOCUS computer system and, in particular, the Child Welfare Information System (CWIS) did not go smoothly. In fact, as of the

writing of this report, there are a limited number of reports available from NHHSS on child abuse and neglect or out-of-home care. The data provided for this Kids Count report is only an estimate developed through a formula utilized within Health and Human Services. Even the Foster Care Review Board has struggled to gather and maintain an accurate count of the number of children in out-of-home care. It is currently projected that all cases will be on the system by February 1, 2000. Management reports will still need to be developed and case information verified.

Voices for Children in Nebraska and the State Foster Care Review Board have met regularly throughout 1999 with leadership and staff from Health and Human Services to develop needed improvements in the Child Welfare Information System. Progress is slow, some improvements will be realized by the middle of the year 2000, but more resources are needed. These data are critical to keep Nebraska's most vulnerable children safe, to measure their well-being and to measure the effect of policy changes made within the Child Protective Service system. We hope an even greater prioritization will occur.

Kathy Bigsby Moore,
Executive Director
Voices for Children in Nebraska

Improvements Needed

1. Accurate inputting of all cases needs to occur within the child welfare database. Significant changes are needed on Nebraska's Central Register/Registry. Methods of collecting and maintaining case information need to be improved as well as the definition and categories of cases maintained. Reports from the system need to be developed and produced. Inputting needs to occur when children enter care, are moved, and leave care.

2. Prevention efforts and public information campaigns need to be a priority so that we know the level of risk for every baby born in Nebraska and offer appropriate supportive services to every parent. Through a public information campaign we can help citizens know how to watch out for and protect our children; and also encourage them to step forward as foster and adoptive parents for those children whose needs cannot be met in their original family.

3. The rural and frontier counties of Nebraska need to develop regionalized expertise for the investigation and prosecution of child abuse and neglect. This regionalization needs to occur within the medical community as well as within law enforcement, prosecution, and judicial branches of government.

4. The Department of Health and Human Services is examining their resource allocations both inside and outside of their agency. More supervision and accountability is needed at all levels of service. With adequate sized case loads, case managers can be held accountable for meeting case management guidelines and the timely movement of children through the system. With sufficient attention and resources directed toward levels of care ranging from shelters to group homes to very specialized residential treatment, the individual needs of all children can more appropriately be met with fewer placement changes and improved treatment responses.

5. Better understanding and addressing the interconnections between domestic violence and child abuse will keep children safer and reduce their risk of maltreatment. Efforts are underway to accomplish this.

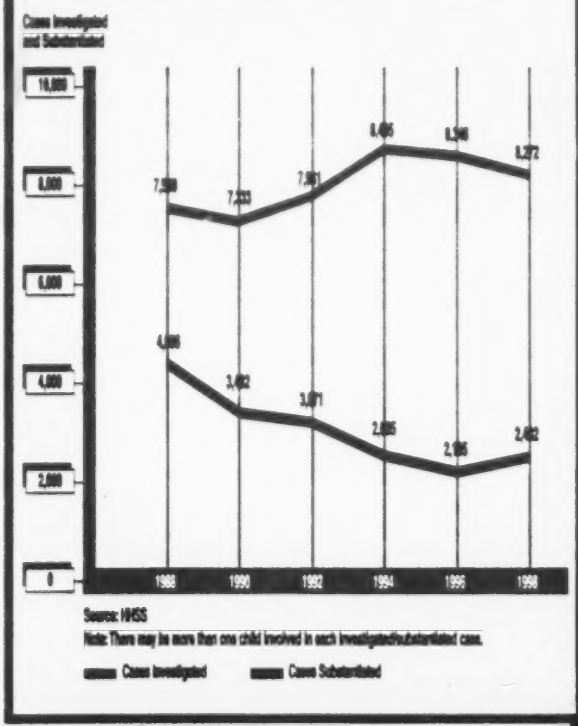
Voices for Children in Nebraska is indebted to the Annie E. Casey Foundation through Kids Count funding which has allowed us to analyze this problem so thoroughly and is encouraged by the attention Nebraska public officials are giving to this matter. We hope this Kids Count overview will aid the further advancement of that endeavor.

Child Abuse and Neglect/Domestic Violence

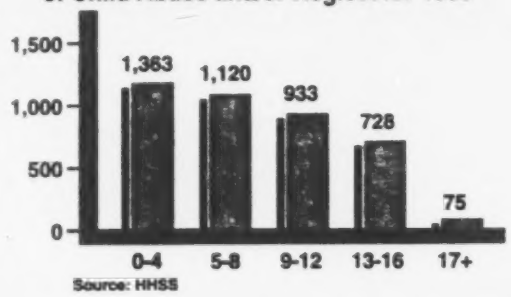
Investigated and Substantiated Cases

The Department of Health and Human Services (HHSS) estimates that 8,272 reports of child abuse and neglect were investigated in 1998. Out of these investigations 2,482 cases were estimated to be substantiated and involved an estimated 4,219 children. It is important to remember that these are estimated numbers of reports that have actively been investigated. The actual numbers are not available due to difficulties with the HHSS conversion to the N-FOCUS CWIS computer program. The conversion occurred in 1998 but most management reports are still not available from that system. As we have reported previously, not all accusations of abuse and neglect that are reported are investigated. The number of calls reporting what the caller suspects to be abuse and neglect received by HHSS in 1998 is still not available. These reports are expected to be maintained on the new system but use of the system is not yet consistent across the state. Furthermore, according to the 1993 National Incidence Study of Abuse and Neglect, less than one-half of actual cases of abuse are reported.

Investigated and Substantiated Cases of Child Abuse and/or Neglect, 1988-1998



Ages of Children in Substantiated Cases of Child Abuse and/or Neglect for 1998



Victims of abuse tend to be young children: 58% of the substantiated cases involve children 0-8 years of age. In fact, 25% of the abused and neglected children are age 3 and under. Twelve percent or 526 of the estimated 4,219 total number of children age 17 and under who were involved in substantiated cases of abuse and neglect were under age 2. There were 2,183 female children and 2,035 male children involved in the substantiated cases. According to hospital discharge records the most likely perpetrator of physical abuse resulting in the need for medical assistance is male and the spouse or partner of the child's mother.

Who Reports?

Nebraska law requires citizens who suspect or have witnessed child abuse or neglect to report it to their local law enforcement agencies or to Child Protective Services. The statistics regarding who is reporting child abuse are not available at this time due to the computer system conversion.

Impact

Adolescents living in abusive homes are at risk for entering into abusive relationships themselves, either as abusers or victims. Men who witnessed domestic violence by a parent are twice as likely to abuse their wives than men from nonviolent families.[1]

People who grow up in violent homes have a 74% increased incidence of committing crimes against a person.[2]

In addition, these people are six times more likely to commit suicide, are 24 times more likely to commit sexual assault crimes, and have a 50% greater chance of abusing drugs and/or alcohol.[3]

Shelley, 15, and Lambeau – "Survivor"

Shelley's Story

Shelley is a typical fifteen-year-old girl who enjoys changing hairstyles and brand name clothes. She is healthy and happy in her home with her little dog, Lambeau. Shelley attends school regularly and has a part-time job at McDonald's. Unfortunately Shelley's *life has not always been this secure. As a child she was severely sexually and physically abused by those closest to her. She found herself in the foster care system following a report of abuse and neglect filed against her mother regarding her younger brother. She was nine years old. Close to seven years and several foster care homes later, Shelley has found a permanent home. In March of 1999, guardianship was awarded to Shelley's foster mother, Melissa. Shelley feels comfortable in her new home and looks forward to graduating from high school. She says that she could have never thought about things like school and fun while she had so many other serious problems to deal with. She feels like she belongs now due to the permanency of guardianship. Shelley's mother is allowed supervised visitation, however she does not often request it. This hurts Shelley's feelings but she knows she is now in a safe place and she has a future to look forward to.*

Types of Abuse

Cases substantiated may be classified as neglect, physical abuse and/or sexual abuse. A child may experience more than one of these classifications. Neglect is the most commonly found form of abuse. Children can be considered neglected if their caregiver does not provide for them emotionally, physically, and/or medically. Infants and children who are categorized as failure to thrive are also considered to have been neglected. In 1998, 2,800 children, or 66%, of the children involved in substantiated cases of abuse and neglect were neglected. Twenty-nine percent, or 1,231, of the children were abused and 11%, or 481, children were sexually abused.

Domestic Violence Shelters

Nebraska has a network of 22 domestic violence/sexual assault programs. These programs provided 13,706 adults and 7,995 adolescents and children with emergency shelter, information, and support from July 1, 1997 – June 30, 1998.

How Domestic Violence Affects Children

Over half, or 60%, of the adult domestic violence victims were living with the perpetrator at the time of the most recent assault. If these victims care for children in this same home there is an inevitable affect on the children, whether or not children are the targets of physical abuse.[4] In Nebraska from June 1, 1997 – July 30, 1998, 6,008, or 79%, of the 7,658 children in violent homes witnessed the violence. Eleven percent, or 836, were physically harmed and 352, or 5%, were suspected of being sexually abused. A project is under way in Nebraska involving Voices For Children, the Domestic Violence and Sexual Assault Coalition and HHSS to better identify and address the intersection between domestic violence and child abuse.

Straus and Gelles surveyed 6,000 families throughout the nation and found that 50% of the men who frequently assaulted their wives also frequently assaulted their children. This finding is in keeping with several other studies that find a correlation of 30% to 60% between child abuse and domestic violence.[2] Such a correlation suggests that domestic violence is the most reliable predictor of child abuse and neglect fatalities in the United States, according to the U.S. Advisory Board on Child Abuse and Neglect.

POLICY

- The crime of Child Enticement became law during the 1999 Legislative session. This law makes it a criminal offense to knowingly solicit, coax, entice, or lure any child under 14 years of age into a vehicle. This law applies only when the person does not have express or implied permission of the parent, guardian, or other legal custodian of the child in undertaking the activity. This law excludes individuals acting under a bona fide emergency or as a representative of a state or political subdivision, a nonprofit or religious organization whose vehicle is used for informing, educating, organizing or transporting children.
- On March 3, 1999, Governor Mike Johanns signed into law legislation that provides more immediate investigations of child deaths by requiring a county coroner or coroner's physician to perform an autopsy on any child less than 19 years of age that dies a sudden death. The law does not require an autopsy if the death was caused by readily recognizable disease, the death occurred due to trauma resulting from an accident, or the death did not occur under suspicious circumstances.

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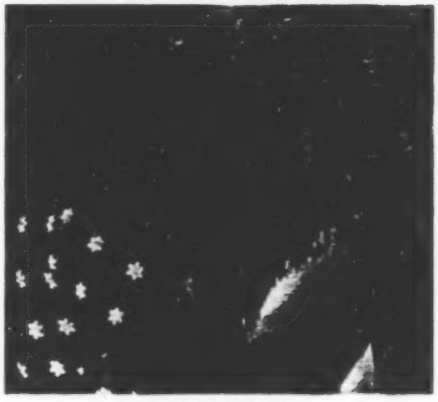
Early Childhood Care and Education

Early Childhood Development

The National Association for the Education of Young Children (NAEYC) states that high-quality early childhood programs help children acquire the knowledge and abilities they need to function as contributing members of society. Children benefit from programs that encourage intellectual development, social and emotional competence, and overall good health according to the NAEYC. The criteria for being considered a high quality early childhood program by the NAEYC:



"Comfort Squeeze"

- learning materials and teaching styles must be developmentally appropriate
- teachers and administrators should receive specialized preparation, sufficient compensation, and support to reflect on and improve their teaching practices
- limit the number of children to each adult so that educators get to know children's individual learning needs
- establish close ties between families and the program and provide opportunities for meaningful parental involvement
- ensure that the children's needs are met by helping families gain access to needed health and social services

Early Childhood Education Programs

Head Start programs are federally funded to provide comprehensive health, education, and nutrition services to low-income families with infants and young children. Children participate in programs that focus on cognitive, social, and emotional development in preparation for school. Head Start participants have been shown to perform better in school and eventually in employment than those children of similar circumstances that are not Head Start participants. There are 21 counties in Nebraska that do not have Head Start programs available. Fortunately that is three fewer counties than in 1997. Estimates based on the 1990 census data show 8,074 children who are 3 and 4 years of age and live below the poverty line in Nebraska. Currently, Head Start funding exists for about half of those Nebraska children eligible. Nebraska received $21,318,378 of the $4,347,433,074 federal funds available for Head Start programs in 1998. Head Start served 226 Native American preschool children utilizing 1.3 million of the Nebraska funds. Migrant Head Start used $616,940 in funds, which is not counted in the Nebraska Head Start funds, and served 84 children. Nebraska Head Start served a total of 3,962 3- and 4-year old children in 1998, a slight increase over the previous year. Ten percent of Head Start enrollment is reserved for children with disabilities.

Early Head Start

The Head Start Bureau funds Early Head Start Programs as a response to new information about brain growth in infants and very young children. Research has concluded that the human brain is not fully developed at birth and therefore early childhood experiences make a difference in whether or not a child can reach their full intellectual potential. Early Head Start assists low-income families that are expecting or have children age 0 to 3 years in a variety of ways. The program teaches parents how to help their children reach full potential through education, mentoring, and collaborating with other early childhood programs and services. Currently there are eight Early Head Start grants in Nebraska serving 640 pregnant women and/or children ages zero to three.

Even Start Family Literacy programs integrate early childhood education, adult literacy or adult basic education, and parenting education in an effort to break the cycle of poverty and illiteracy and improve the educational opportunity of low income families. Seven Nebraska programs are currently funded, providing services to 191 families.

Continuity Grants provide state funds to communities to improve the quality of existing part-day programs by expanding them to full-day programs. Twenty successful programs were awarded Continuity Grants for the 1997-1998 year. There were 6 grants awarded for 1995-1996 and 12 awarded for 1996-1997.

POLICY

Governor Mike Johanns created the Business Council on Child Care Financing in 1999. The Council is composed of business representatives from throughout the State of Nebraska who are charged with finding ways to finance quality child care in Nebraska. The Business Council's recommendations are to be submitted to Governor Mike Johanns by November 30, 1999.

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Early Childhood Special Education and early intervention programs served 3,008 children in 1997-1998. The program serves children birth to age 5 who have verified disabilities through their local school districts.

Early childhood projects focus on the early experiences for young children and the parental role in making those experiences positive. The programs emphasize the need for quality programs that also influence the vital early experiences of young children. In 1997-1998, ten projects were funded in Nebraska serving 459 families with young children. These ten projects represent the state's only investment in preschool programs, totaling $500,000.

Child Care Facilities and Subsidies

A total of 4,679 facilities capable of serving 92,288 children were licensed to provide child care in Nebraska as of December 1998. Child care providers who care for four or more children must be licensed by NHHSS. In 1998, 172 providers were approved totaling 4,851 licensed and approved child care facilities.

Families at or below 185% of the federal poverty level are eligible for child care subsidies. The Department of Health and Human Services subsidized the child care of 15,956 families in 1998. An average of $1,859.32 per child was subsidized in Nebraska, totaling $29,667,297 federal and state dollars paid. Child care providers usually receive these subsidies directly. Infant care costs between $20 and $26 per day; toddler, preschool and school age care all fall between $18 and $24 per day. The rates are generally lower for home-based child care than for child care centers. In-home child care is usually used when a child has a special need or illness, the client needs care during odd hours, such as weekends or evenings, or the family has three or more children in care. Hiring an individual to provide care in the child's home is the most expensive, averaging $5.15 per hour.

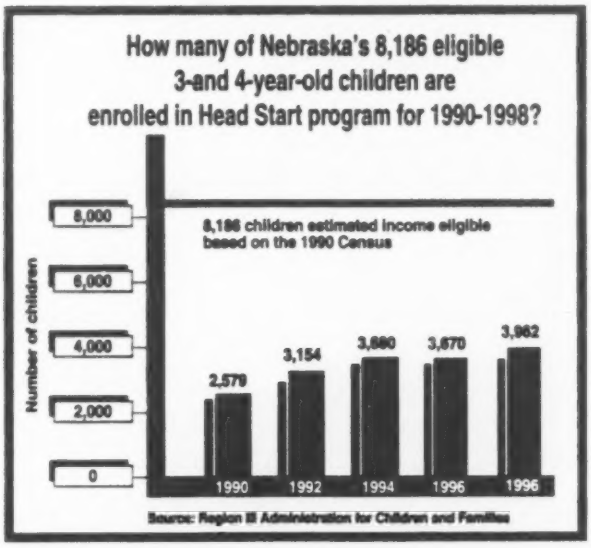
"Gentle Touch"

Nebraska Good Beginnings

Nebraska Good Beginnings is a partnership between state agencies, the Department of Education and HHSS, and Nebraska communities. Good Beginnings promotes quality education, health care, and the reduction of child abuse and neglect through educational resources, newsletters, newborn visitation, and information on grant and funding possibilities. The partnership recognizes programs and communities who are committed to families. By 1998, a total of 44 Nebraska communities were presented a Nebraska Good Beginnings Award.

"Early Head Start (EHS) stresses the first years as being the greatest learning years in your child's life. I've learned parents are the best teachers for their children. Children's experiences with EHS bring out the real wisdom in a child through age appropriate activities. It shows the learning potential of the child is higher than we believed or even give credit for."

Stacy Vaughn has been an Early Head Start participant for the last 2-1/2 years.



Impact

The Abecedarian Project was an ongoing study of 111 infants from low-income families with initially comparable scores on mental and motor tests. Fifty-seven infants were randomly assigned to receive early intervention in a high quality child care setting where they received individually prescribed educational activities. The remaining 54 infants were placed in a non-treated control group. Through the completion of the program at age 5, children in the intervention group had significantly higher scores on mental tests than children in the control group. Follow-up cognitive assessments completed periodically through age 21 showed continued higher scores for the intervention group. Cognitive functioning, academic skills, educational attainment, employment, parenthood, and social adjustment were measured. Those in the intervention group received:

- Significantly higher mental test scores from toddlerhood through age 21
- Enhanced language skills
- Higher reading achievement scores
- Higher scores on mathematics tests

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Economic Well-Being

Earned Income Tax Credit

In Nebraska, 93,829 returns claimed Earned Income Tax Credit for a total of $134,958,000 in 1997. In 1998, there were 91,007 returns claimed and a total of $135,602,000 worth of credits issued. This credit helps low-and moderate-income working families keep more of their earned income.

Single Parent Families

Children who live below the poverty line are more likely to be in single parent families. These families can suffer from both inadequate support networks and deficient financial resources. Increased parenting stress and greater incidence of child abuse is often associated with these single parenthood stresses. In 1996, a single parent headed 22% of Nebraska families. A single parent is five times more likely to be female than male.[1] Over half, 58%, of Nebraska's female-headed households did not receive child support or alimony in 1996, therefore the female parent is left shouldering complete financial responsibility for the children.[2]

Divorce and Child Support

In 1998, 6,073 marriages resulted in divorce. The majority, 3,469, of these divorces involved one or more children. Child support was awarded to the custodial parent in 2,908, or 83%, of these cases. While 83% is a positive number, it does not guarantee financial support will be received and it leaves 17% of custodial parents as sole providers for their children. HHSS can assist parents who are not receiving the child support that they are owed. HHSS responded to 74,723 cases of individuals requesting assistance in collecting child support payments. In 1998, HHSS collected $14,150,729 on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). On behalf of children whose parents were also owed child support but were not receiving TANF, $393,290 was collected. HHS collected a total of $14,544,019 in child support payments.

In the majority – or 71%, of the divorce cases – sole custody was awarded to the mother, in 12% of the cases custody was awarded to the father, and in 14% of the cases parents were awarded joint custody. The remaining custody cases were recorded as "unknown or other."

Siblings – a family with the Family Mentoring Project.

Family Mentoring Project

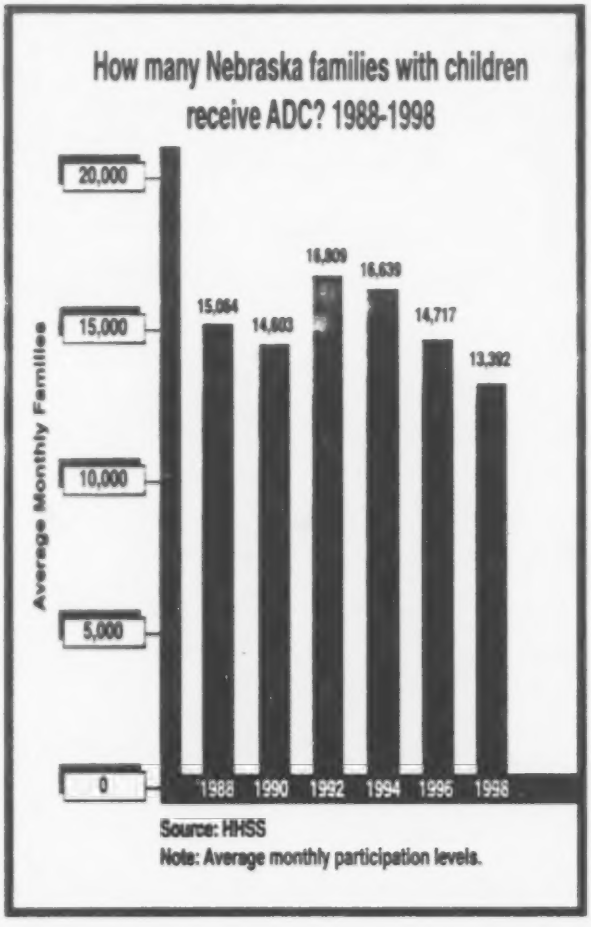
The Family Mentoring Project (FMP) is a collaboration of the University of Nebraska at Omaha's (UNO) College of Public Affairs and Community Service, UNO's School of Social Work and the Chicano Awareness Center. Upon FMP's establishment in 1995, Former Governor Ben Nelson was quoted in the Omaha World-Herald as stating, "The goal [of the FMP] is to reduce negative and violent behavior among young people by strengthening parenting skills and linking families and community." The project is designed to provide mentors to children and empower parents in the South Omaha area. Heather, a graduate assistant with FMP, states, "FMP" provides a necessary service to high risk South Omaha youth, positive adult role models. Because the majority of the clients are Latino, mentors are much more than role models and friends to the children. They serve as advocates and interpreters allowing communication between parents and other adults, such as teachers and physicians, that a language and cultural barrier may otherwise prevent."

Temporary Assistance to Needy Families (TANF)

Due to welfare reform, TANF has replaced Aid to Dependent Children (ADC) in several aspects. ADC remains the Nebraska reference to cash assistance, however TANF focuses on teaching individuals self-sufficiency limiting their need and receipt of cash assistance. Nebraska implemented the Employment First program to guide and assist parents in obtaining and maintaining self-sufficiency within 48 months, utilizing cash assistance for 24 of the 48 months. Employment First provides extended Medicaid coverage, child care services and supplements, and job support.

In 1998 ADC provided benefits for 13,392 families with 25,580 children on an average monthly basis. Of the families receiving ADC, 9,500 also received food stamps. In 1998, ADC benefits totaled $52,606,092 with an average monthly payment per family of $327.34 and $119.05 per individual. The maximum ADC payment amounted to approximately 32% of poverty.

Isabella, 9 months



1998 Poverty Guidelines

at 100% of Poverty

SIZE OF FAMILY UNIT	GROSS ANNUAL INCOME
2	10,850
3	13,650
4	16,450
5	19,250
6	22,050

Source: NHHSS. Note: The 1990 census estimatesthat 13% of all Nebraska children lived in poverty.

POLICY

The State of Nebraska passed legislation that will move Nebraska closer to compliance with a federal law that requires states to establish a centralized system of child support collection and distribution at the state level. Failure to comply with the federal law could cost the state $14 million in child support aid and $58 million in aid to needy families. The legislation enacted creates a state disbursement unit for collection and disbursement of child support payments and requires a study by the Executive Board of the best ways to comply with the federal regulations while maintaining high child support enforcement rates and customer service levels.

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Education

High School Graduates

High school diplomas were awarded to 21,528 youth in Nebraska in 1998. In addition, 1,934 received their GED or other certificate of high school completion. Eighty-four percent of the possible graduation cohort (1994 9th graders) is estimated to have completed high school in 1998. Approximately 91% of the 1998 graduates were white, 3% were black, 3% were Hispanic, 1% were Asian, and .6% were Native American or Alaska Native.

School Dropouts

A total of 4,168 of all Nebraska students dropped out of school in 1997-1998. Although the majority, 2,423, are male, 1,745 of the dropouts were female. Less than 1% of all white students enrolled in the fall of 1997 dropped out of school while the minority groups carried higher percentages. Hispanic students made up 4% of the student population, grades K-12, but comprised 11% of the dropouts while 5% of the total students were black and 15% of the total dropouts were black.

Statewide Dropouts by Race and Gender for 1998

RACE	FEMALES	MALES
White	1,192	1,619
Black	258	384
Hispanic	189	296
Am. Indian/ Alaskan	79	97
Asian	19	27

Source: Nebraska Department of Education

Expelled Students

Expulsion is required for intentional possession of a dangerous weapon and for intentional use of force in causing physical injury to another student or school representative according to the School Discipline Act of 1994. In Nebraska an alternative school, class, or educational program must be in place for youth who have been expelled. Prior to expulsion, schools are required to develop a written plan with the student and his/her parents outlining behavior and academic expectations in order for the student to be retained in school. Some schools are developing creative and highly motivating alternative programs while others are basically relying on the parents. Therefore, the meaning of expulsion may be confusing. Alternative education was offered to 663 students, grades 7-12, who were expelled from regular education. Almost 50 more students were expelled during 1997-1998 than were expelled in1996-1997 and 220 more than in 1995-1996.

Statewide Expulsions 1987-1998

1987-88	261
1988-89	280
1989-90	237
1990-91	235
1991-92	284
1992-93	273
1993-94	209
1994-95	283
1995-96	443
1996-97	615
1997-98	663

Source: Nebraska Department of Education

Arman and Michael, twins, age 11 – "Studying"

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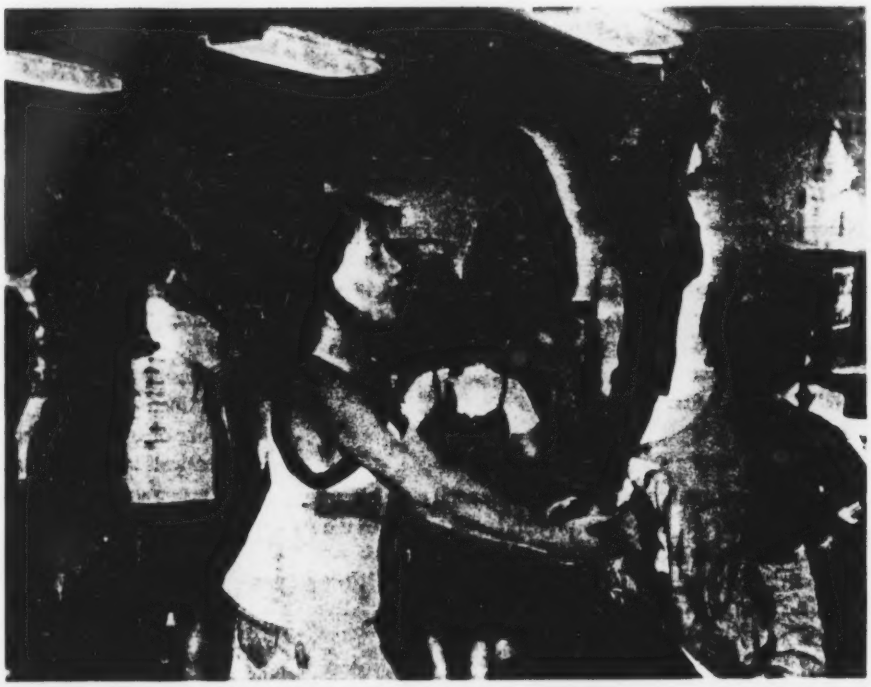
Special Education

A total of 44,554 students or approximately 13.1% of school aged youth in Nebraska received special education in December, 1998. A total of 2,925 preschoolers from birth to age 5 with a verified disability were receiving special education services as of December, 1998. This number represents a decrease of 83 children from the 1997 total. Of these children 57% were identified as having a speech and language delay or disorder. Identifying the need for special education at an early age is instrumental in the development and successful education of a child. Children ages 16-21 are considered to be transitioning from school to adult life. Of this age group 7,157 have a disability reported by their school district. Half of the students identified as having a disability in this age group have a specific learning disability. Twenty-three percent have mild to severe mental handicaps. In the twelve months prior to December 1, 1998, 1,098 students identified with a disability graduated. Approximately 5% of the graduates in 1998 had a disability.



"Bouncing Beauties"

Educational Achievement Scores

In 1998, Nebraska students continued a 17-year trend of scoring higher than the average graduate scores across the nation on their 1998 ACT college entrance exams. According to Jack Gilsdorf, State Director of Assessment and Evaluation, Nebraska students have outpaced their national peers since 1981 when the Department of Education first began tracking ACT scores. Mr. Gilsdorf cautions Nebraskans to be leery of these test averages, for not all students take the ACT tests. The majority of the students who take the exam are planning to attend college and all students must pay a fee for the exam. These factors may skew the averages considering lower income and/or academically challenged students are less likely to take the tests. There is also a difference in the percentage of students who take the tests in each state, making it difficult to make true comparisons.

With this said, 71% of Nebraska graduates took the ACT exam, (almost twice the national average among states of 37% of graduates taking the exam) placing the state at a rank of sixth in the nation for percentage of high school graduates taking the exam. Despite having almost twice as many of its graduates taking the exam, (generally only higher achievers take the college entrance exam) students in Nebraska received a higher average score, 21.8, than the national average of 21.0. Nebraska's average scores have increased more than the national average in all academic areas but one; science scores where Nebraska female students have maintained the nation's .2 gain over five years according to Mr. Gilsdorf. He would also like to point out that Nebraska's students' math scores have increased from 21.3 to 22.3 for males and 20.1 to 21.0 for females from 1996 to 1998.

Breakdown of Scores 1998: Core Subjects

	Nation	Nebraska
Math	22.0	22.6
Science	22.0	22.7
English	21.5	22.3
Reading	22.4	23.0

Source: Nebraska Department of Education

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Health - Physical and Behavioral

Birth

Nebraska residents had a total of 23,533 live births in 1998. While the majority of these children were born healthy, 1,540, or 6%, were considered low birth weight; 2,483, or 10%, were born to mothers ages 19 and under, and 6,172 or 26% were born to unwed parents. Of all babies born, 3,782, or 16%, were born to mothers who did not have prenatal care in the first trimester.

Prenatal Care

The number of mothers who receive prenatal care is rising. Receiving adequate and early prenatal care increases the chances of having a healthy baby. In Nebraska, the majority of children, 19,681, were born to women who received prenatal care in the first trimester. However, 750 did not have prenatal care in their second trimester, 171 had mothers who received no prenatal care, and 70 were unknown. Over 84% of white, 70% of black, 65% of Native American, and 81% of Asian newborns had mothers who received prenatal care in the first trimester.

Alais, 8 months, hearing impaired – "Smiley"

Low Birth Weight

Low birth weight is the highest predictor of death and disability. Women who smoke are twice as likely to have low birth weight babies than women who do not smoke.[1] Tobacco use during pregnancy is associated with up to one-fifth of all low birth weight babies. In 1998, 3,829, or 16%, of pregnant Nebraska women smoked cigarettes during their pregnancy. Lack of prenatal care, premature birth, and women who neglect to gain the appropriate weight during pregnancy are also factors that can be related to low birth weight. Of the 23,533 babies born to Nebraska residents, 1,540, or approximately 6%, were considered low birth weight, which is defined as being below 2,500 grams or 5.5 pounds. Three hundred six of these babies were born at a very low birth weight of less than 1,500 grams.

Secondhand Smoke

According to the Centers for Disease Control and Prevention, exposure to secondhand smoke puts 10,000 babies in the hospital each year and is the third leading cause of preventable death (primary smoking is number one and car crashes number two). Approximately one human a day dies annually in Nebraska from exposure to secondhand smoke.[2] According to the American Academy of Pediatrics environmental tobacco smoke or smoke exhaled by a smoker, contains nearly 4,000 chemicals in it that infants and children breathe in whenever someone smokes around them. Children who breathe secondhand smoke, especially under the age of 2 years, have a higher risk of dying of SIDS, getting ear infections and having hearing problems, upper respiratory infections, respiratory problems such as bronchitis and pneumonia, and asthma.

Births to Teens

There were 8,264 babies born to girls age 17 and under from 1989-1998. Teens ages 15-17 were the mothers of 7,868 of these babies born across the ten year span. In 1998, 844 babies were born to teenage girls age 17 and under. Of the 844 babies, 660 were born to white mothers, 127 were born to black mothers, 42 were born to Native American mothers, and 6 were born to Asian mothers while the race of 9 mothers is recorded as other or unknown.

Teen Births in 1998 in Nebraska

2,483 births to girls 13-19 years of age

- **no births to 10 to 12 year-old girls**
- **4 births to 13 year-old-girls**
- **29 births to 14-year-old girls**
- **103 births to 15-year-old girls**
- **236 births to 16-year-old girls**
- **472 births to 17-year-old girls**
- **1,639 births to 18 and 19 year-old girls**

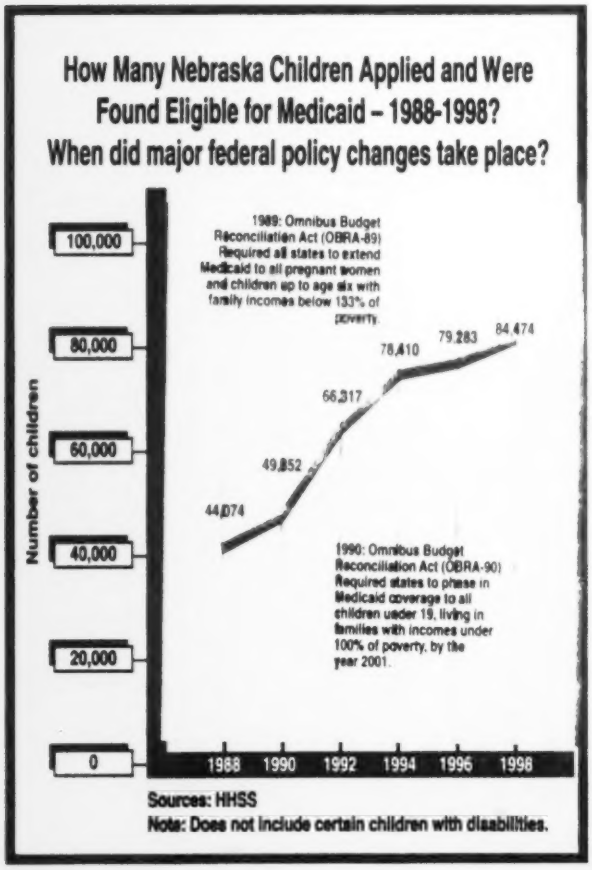
Source: Vital Statistics, HHSS

Out-of-Wedlock Births

Children born to unmarried mothers are at greater risk of having adverse birth outcomes, such as low birth weight and infant mortality, and are more likely to live in poverty than children of married mothers.[3] A vast majority, 786 or 93%, of mothers ages 17 and under were not married in 1998 while 58 were. As the age of the mother increases the likelihood that she will be married upon the birth of the baby also increases, leveling off around age 30.

Immunizations

The national goal set by the U.S. Centers for Disease Control and Prevention (CDC) is that 90% of all children be immunized with four diptheria-tetanus-pertussis (DTP) shots, three polio shots, and one measles-mumps-rubella (MMR) shot by the age of two. According to the National Immunization Survey covering the time period from July, 1997 to July, 1998, 76% of two-year-olds in Nebraska had been appropriately immunized. The national estimate for immunization is 79% for the same time period. The CDC also recommends hepatitis B (hepB), haemophilus influenza type B (HIB) and varicella (chicken pox) shots. In Nebraska, HIB shots, as well as the DTP, polio, and MMR shots are required in licensed childcare facilities.


How Many Nebraska Children Applied and Were Found Eligible for Medicaid – 1988-1998? When did major federal policy changes take place?
1989: Omnibus Budget Reconciliation Act (OBRA-89) Required all states to extend Medicaid to all pregnant women and children up to age six with family incomes below 133% of poverty.
1990: Omnibus Budget Reconciliation Act (OBRA-90) Required states to phase in Medicaid coverage to all children under 19, living in families with incomes under 100% of poverty, by the year 2001.
Number of children
100,000
80,000
60,000
40,000
20,000
0
44,074
49,852
66,317
78,410
79,283
84,474
1988
1990
1992
1994
1996
1998
Sources: HHSS
Note: Does not include certain children with disabilities.

There were twenty-four reported cases of pertussis, (whooping cough) in Nebraska in 1998. This is a noticeable increase from the last five years where the numbers hovered around 14 or 15. There have been a total of 110 cases from 1992 to 1998. The disease does not have a strong effect on older children or adults however, it can be easily passed to young children who may end up hospitalized or worse. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children.

Blood Lead Levels

Fewer than one in twenty Nebraska children under the age of six are screened by laboratory methods for elevated blood lead levels. Lead can have significant detrimental physical, behavioral, and cognitive development effects on young children. It can lower IQ levels, attention spans, and cause increased behavioral problems. Young children living in homes built prior to 1950 are at significantly greater risk of exposure to lead. Homes built before 1950 almost always contain lead-based paint and thirty-eight percent of the homes in Nebraska were built prior to 1950. Homes built prior to 1978 may also present a risk for lead exposure. The best way to protect children from the adverse effects of lead is by maintaining painted surfaces in children's living and play areas to keep them free from chipping, peeling and flaking paint and by also keeping these areas clean and dust free.

In Nebraska, 8,391 children were reported having been tested for elevated blood lead levels in 1998. This number reflects an increase of 2,000 children from the number tested in 1997. During the years 1996, 1997, and 1998, 21,979 children were screened for elevated blood lead levels. Of those screened, 28 children were considered seriously lead poisoned and qualified for hospitalization. During this same period 1,859 Nebraska children had blood lead levels in the range where the detrimental psychological and psychological health effects have been clearly demonstrated.

Access to Health Care

An estimated 43,000 (9.1%) of the 472,000 children under the age of 19 in Nebraska were without health insurance. Of those children, approximately 26,000 lived in families with incomes below 200 percent of the federal poverty level. Most uninsured children live in working families with incomes high enough that they do not qualify for Medicaid but low enough that they can not afford health insurance. Many of these children are eligible for Kids Connection, an extension of Medicaid coverage that provides health care coverage for children in families whose income is 185% of the federal poverty level or below and whose children are not already covered by health insurance. According to Steve Frederick, Division of Public Health Assurance NHHSS, "It is expected that the number of uninsured children should fall in 1999 and later years as Kids

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Connection enrollment increases, but some children covered under this program may have limited health insurance." Frederick continues: "Any net gains in insured children should significantly increase the financial access to necessary preventative medical and mental health services as well as acute care services."

Jalisa, 7 and Nyela, 9 – "Girl Power"

Infant Mortality

Infant mortality is a great indicator of human well being. The United States ranks 25th in the world for infant mortality rates. Although the nation is working to improve the infant mortality rate, Nebraska continues to lag behind the majority of other states with a rank of 43 in the nation.[4] In 1998 the infant mortality rate, deaths per 1,000 births, was 7.3, down from 8.7 in 1996. In October 1999 Governor Mike Johanns appointed a Blue Ribbon Panel to investigate infant mortality in Nebraska.

Unintended pregnancy is more likely than an intended pregnancy to result in the death of the infant. Fifty percent of all pregnancies in the United States are not planned.[1] There were 172 children under the age of one year who died in 1998. From 1989 to 1998 Nebraska lost 1,852 infants. The number one cause of the deaths was birth defects, 24%, while 19% were due to Sudden Infant Death Syndrome (SIDS). Because low birth weight is the highest predictor of death and disability the causes of low birth weight are also directly related to infant mortality. Infant mortality rates tend to be much higher for the black population. In fact, even educated blacks have higher infant mortality rates than their white counterparts. A high infant mortality rate among black Americans is related to a life long minority status, for women who have emigrated recently from Africa have a low infant mortality rate, according to Healthy People 2000.

Child Deaths

In 1998, 171 children age 1 to 19 died. Motor vehicle accidents caused the majority of deaths, with 36% of the deaths to children age 1 to 19. Non-motor vehicle accidents made up the second largest cause at 16%. Therefore, accidents made up over half, or 88, of the 171 deaths to children age 1 to 19 in 1998. From 1989 to 1998 accidents, motor vehicle and non-motor vehicle accidents, were responsible for 899 deaths out of 1,829 total deaths. There were 12 deaths attributed to cancer, 17 to suicide and 16 homicide in 1998.

Primary Causes of Infant Death in Nebraska, 1989-1998

Causes	Frequency
Birth Defects	440
SIDS	345
Prematurity	134
Other Peri Conditions	130
Maternal Complications	108
Other Respiratory Conditions	105
Respiratory Dissyndrome	77
Accident	72
Placenta Complications	59
Heart Disease	51
Perinatal Infection	42
Hypoxia Asphyxia	38
Pneumonia	30
All Other Causes	221
TOTAL	1,852

Source: HHSS

Selected Causes of Death, By Frequency, Ages 1-19 in Nebraska, 1989-1998

Causes	Frequency
Motor Vehicle Accidents	616
Non Motor Vehicle Accident	283
Suicide	176
Cancer	146
Homicide	122
Birth Defects	77
Heart	72
Pneumonia	29
Communicable Diseases	29
Cerebrovascular Disease	13
AIDS	6
Diabetes	4
Aortic Aneurism	2
Influenza	2
Cirrhosis	1
Nephritis	1
All Other Causes	250
TOTAL	1,829

Source: HHSS

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Children and Youth: Suicide and Homicide

In 1998 suicide and homicide made up roughly 10% of the deaths to persons age 1 to 19. Sixteen young lives were lost to homicide and 17 were lost to suicide. Violent deaths are often linked to substance abuse.

Youth Risk Behavior Survey

The most recent Youth Risk Behavior Survey (YRBS) was conducted in 1997. Several large urban districts declined to participate; therefore urban youth in Nebraska may be underrepresented by this sample. The Youth Risk Behavior Survey is funded by a grant from the Centers for Disease Control and Prevention and administered by HHS. The purpose of YRBS is to monitor priority health-risk behaviors that contribute to the leading causes of death, disease, and social problems among youth and adults. Much of the following data is based on this survey.

Health Risks for Teens: Alcohol, Tobacco and Other Drug Use

According to YRBS, alcohol is the preferred drug for teens: 80% of those surveyed reported having had at least one drink in their lifetimes. Forty-four percent of males and 40% of females surveyed had 5 or more drinks in a row, which is the criteria used for binge drinking. Binge drinking increases the risks of fighting, teen pregnancy, accidents, and alcohol poisoning. Nationally, 25% of ninth graders have participated in binge drinking in the past month. Of the ninth graders surveyed in Nebraska, the percentage of binge drinking participants is 35%, which is 10% higher than the national percentage. Nationally, 12th graders increase the percentage of those who have participated in binge drinking in the past month to 39% while Nebraska's high school seniors report an increase to 65%. Montana is ranked number one in the country for binge drinking by youth. Nebraska is ranked second. Although alcohol is the general drug of choice, 31% of the teens surveyed have tried marijuana at least once, 20% have tried inhalants, and 13% have tried other illegal drugs.
Most smokers, 80%, started smoking before their 18th birthday. One thousand of the estimated 3,000 American youth who become regular smokers every day will die of a smoking-related illness. It is illegal to purchase cigarettes until a person reaches age 18; however 45% of the youth surveyed had not been asked for proof of age when trying to purchase cigarettes. Fifty-seven percent of Nebraska 12th graders have smoked cigarettes in the last 30 days and 36% have tried to quit smoking. In 1997, 31% of male students used chewing tobacco in the last 30 days.

Health Risks for Teens: Seat Belts, Drinking and Driving, Carrying Weapons, Fighting

In 1997, 19% of Nebraska teens reported that they always wear seat belts. Thirty-one percent of the students surveyed were involved in physical fights during the past year and the percent of students who reported carrying a weapon during the past twelve months is declining slightly from 20% in 1995 to 17% in 1997. Regularly carrying a weapon can make a homicide out of a physical or verbal conflict.

According to YRBS, 50% of males and 46% of females reported that they rode in a car in the past 30 days with someone who had been drinking alcohol. Twenty-five percent of 10th graders, 26% of 11th graders and 47% of 12th graders drove after drinking alcohol in 1997.

Of teens surveyed, 50% of males and 46% of females reported that they have ridden in a car with someone who had been drinking alcohol in the past 30 days. Of Nebraska high school students who rode with a drinking driver, 72% did so two or more times in the past month. Of surveyed 10th graders, 25% drove after drinking alcohol, 26% of 11th graders, and 47% of 12th graders.

POLICY

On May 12,1999, legislation was passed in Nebraska requiring that Department of Health and Human Services Finance and Support to seek access to Medicaid funds in order to reimburse school districts and educational service units for administrative expenses related to outreach activities provided to Medicaid-eligible and potentially Medicaid eligible children.

Impact

Surprising Truths About Uninsured Children

- Nine out of ten uninsured children live in working families.
- Uninsured children are two times more likely (69% versus 31%) to live with a married, rather than a single, parent.
- Almost half of uninsured children (47%) had uninsured spells of 12 months or longer during the two-year survey.
- Seven out of ten of children without health insurance were in families whose head of household graduated from high school or went on to receive a college education.

Source: Families USA

Medicaid provides acute and preventative health care for a variety of persons in need of financial assistance for medical care expenses. Medicaid assistance is available for children in households with low incomes and no health insurance, and for children who are eligible for SSI benefits due to disability. In 1998 an average monthly dollar amount of $145.58 was received by children in Medicaid benefits.

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Teen Sexual Behavior

Of the adolescents surveyed who have had sex, 66% of males and 59% of females reported using a condom during their most recent sexual encounter. Condoms are the only form of birth control that provides protection from sexually transmitted diseases (STD). Abstinence is the only way to insure that a STD will not be passed. In Nebraska in 1998, 1,916 persons 19 and under were reported to have a STD. This number is approximately 10% of the population of persons 19 and under.

Mental Health and Substance Abuse Treatment

The Nebraska Health and Human Services System funds some mental health and substance abuse services for children. Typically, these children are from lower income families or are involved in the court system. The data reported would be an underestimate of the number of children receiving these types of services because it does not include services paid for by private health insurance, other private sector services, or those children in need of but not receiving services. Unfortunately, this gives a very incomplete picture of children's mental health services. Nebraska's low-level of public dollar expenditures for mental health services further distorts this picture. Additional data limitations developed this year when HHSS gave the data collection responsibility to Magellan Behavioral Health (Magellan) in their managed care contract. The data collected for fiscal year 1998 will differ from fiscal year 1997 because there is difference in how the data sets were collected. Under the contract with Magellan, only those persons receiving units of service paid for through the managed care contract are included. Additionally, because of the way the data were collected, no comparisons should be made between the FY98 data and prior years' data. Prior to FY98, data were collected on all children considered active by funded community mental health/substance abuse agencies, regardless of the source of payment.

Community-Based Services

In Nebraska, 3,243 children received mental health and substance abuse services through community-based programs. Out of those children, 2,502 received mental health services, 730 received substance abuse services, and 11 received both mental health and substance abuse services. According to Magellan, the Professional Partner Program served 365 children considered to have serious emotional disturbance. In 1998, 189 female and 328 male children received substance abuse services for alcohol-related problems. A total of 369 male and female children received substance abuse treatment for drug-related problems and 425 received treatment for both drug and alcohol-related problems. Publicly funded services available through community-based organizations are outpatient programs with counseling for mental health and/or substance abuse, substance abuse prevention, partial care and halfway house services, mental health day treatment, emergency psychiatric services and therapeutic group home services.

Residential Care

Lincoln has the only state regional center with a specialized program for adolescents. The Lincoln Regional Center served 60 children in their inpatient program. In 1998, 73 children were served in the Adolescent Psychiatric Residential Program, 36 were served in the sex offender residential program, and 286 were served in the Office of Juvenile Service (OJS) Program.

Faith's Story

Faith has Cerebral Palsy which affects her ability to walk. She walks on the tips of her toes. She began receiving physical therapy in her home through her local school district when she was two years old. Faith's family found it difficult to insure her due to her disability until they applied for the Children's Health Insurance Program (CHIP). CHIP is a Federal program that insures children who have been turned down by insurance companies so that they can receive the medical care that they require. Faith has recently undergone surgery that may allow her to walk in a normal heel-toe manner which she calls the "heel-toe-rock and roll." She is in a wheel chair until her legs heal from the operation. Without CHIP, Faith could not have undergone surgery.

Faith, age 7 – "Heel Toe Rock and Roll"

Juvenile Justice

Juvenile Arrests

In 1998, 21,377 juveniles were arrested in the state of Nebraska. This is a 4% increase from 1997. Adult arrests were also up in 1998 by 3% from the previous year. Twenty-one percent of the individuals arrested in Nebraska in 1998 were under the age of 18. The ratio of female to male juvenile offenders is less than 30% female and more than 70% male. This ratio mirrors the female to male adult ratio of roughly 30% female and 70% male. As in 1997, female juvenile offenders outnumbered male juvenile offenders in two areas in 1998: runaways and prostitution/commercialized vice.

Victims of Rape

There were 416 rapes (forcible and attempted) reported to the Nebraska Crime Commission in 1998. All law enforcement agencies, except the Omaha Police Department, voluntarily submit a supplemental report on each rape reported providing details of the incident. According to these supplemental reports, 106 (45%) of the 237 rape victims, outside of Omaha, were 17 and under.

Artwork by Mike, age 17

What Were Nebraska's Juvenile Arrests for Part I and Part II Offenses for 1998?

Part I	
VIOLENT CRIMES	
Felony Assault	158
Robbery	130
Forcible Rape	22
Murder/Manslaughter	11
Death by Negligence	2
PROPERTY CRIMES	
Larceny-Theft	5,036
Burglary	632
Motor Vehicle Theft	317
Arson	68
Part II	
Liquor Law Violations	2,899
Vandalism	1,543
Drug Abuse	1,226
Misdemeanor Assault	2,108
Stolen Property, Buy, Receive, Possess	442
Weapons Violations	251
Fraud	157
Sex Offenses *(except rape/prostitution)*	115
Forgery/Counterfeiting	67
Embezzlement	9
Prostitution/Vice	4

Source: Nebraska Crime Commission

Probation

In 1998, a total of 5,984 Nebraska juveniles were on probation. This is down 734 juveniles from the 6,718 on probation in 1997. Of those on probation in 1998, 1,720 were female and 4,264 were male. Statewide, 2,238 youth satisfactorily completed probation, 81 more than in 1997.

Detention After Arrest

Officers have three choices following the arrest of a juvenile. They can release the youth to the parents or relatives, prepare a written notice requiring the juvenile to appear before the juvenile court of the county, or place the juvenile before the juvenile court or probation officer if there is a need for detention.

Following arrest, 3,884 youth were placed in one of five secure juvenile detention facilities in Nebraska. Another 571 juveniles, excluding Douglas and Buffalo counties (for which data is not available), were held in adult jails and lockups following arrest.

Joe and the Tracker Program

A program of Juvenile Crime Intervention and Prevention offered by Family Service, the Tracker Program, provides adult mentors and advocates to youth who may otherwise be locked up in institutional facilities due to their behavior. The mentors provide intense supervision and guidance while maintaining their place as a friend and positive adult role model to adolescents who have been placed on parole. Tracker mentors collaborate with teachers, parent(s) and the parole officer forming a stable group of unified adults interested in getting the adolescent back on track. The purpose of the Tracker Program is to make youth accountable for their behavior while keeping them at home and in school as opposed to a detention facility or prison.

Joe became a member of the Omaha Tracker Program in 1998 following stays in Kearney, YRTC and NOVA drug treatment. When he was released and placed on parole he became a Tracker client. It has not been a smooth road, however Joe currently is a full-time employee of a local grocery store and is preparing to take the GED exam with the help of his Tracker. Joe explains "If it weren't for the Tracker Program I probably would have done something stupid and ended up back in Kearney or worse, jail. Usually everybody pushes me away but my Tracker helps me out, they are always there to listen to my problems. My mother and I are thankful for the Tracker Program."

Youth Rehabilitation and Treatment Centers (YRTC)

In 1998 there were a total of 1,661 youth in YRTC facilities, 866 males in Kearney and 795 females in Geneva. There were 570 male and female youth evaluated for serious behavioral disorders at Geneva in 1998.

There were 2,238 youth who satisfactorily completed probation in 1998. This was an increase over the 2,157 youth who completed probation in 1997 and over the 1,821 who did the same in 1996.

There are approximately 95 females maintained in Geneva daily, each costing an average of $103 a day and totaling $37,595 annually. There are an average of 230 males living in Kearney daily, each costing $75 per day and $27,375 annually. Based on these numbers it costs $9,785 to run Geneva for one day and $17,250 to run Kearney for one day.

POLICY

Nebraska appropriated 3.3 million dollars in necessary funding for improvements to the Youth Rehabilitation and Treatment Centers at Kearney and Geneva and $500,000 for the development of a juvenile facilities master plan.

Impact

Myths and Facts about Detention in Douglas County

Myth: All youth who are detained are a danger to the community.
Fact: 178 status offenders (i.e., truancy, runaway) were held for an average of 21 days

Myth: All youth are screened by the Nebraska Probation Intake Unit to determine appropriateness for detention.
Fact: In 1998, 42% (1,099) of youth were screened by the Juvenile Intake Probation Office.

Myth: It is expensive to develop a range of graduated sanctions as alternatives to detention.
Fact: Detention is the most expensive sanction compared to many alternative services such as:

Douglas County Youth Center	$125 a day
Pre-adjudicated Intensive Supervision	$22 a day
Electronic Monitoring	$26 a day
Therapeutic Foster Care	$60 a day

Report compiled by the Family Service Public Defender Detention Response Program with 1998 statistics from the Nebraska Crime Commission and Douglas County Youth Center Annual Report

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Artwork by
William Romero, age 18
Norfolk Sr. High Student
Norfolk, NE

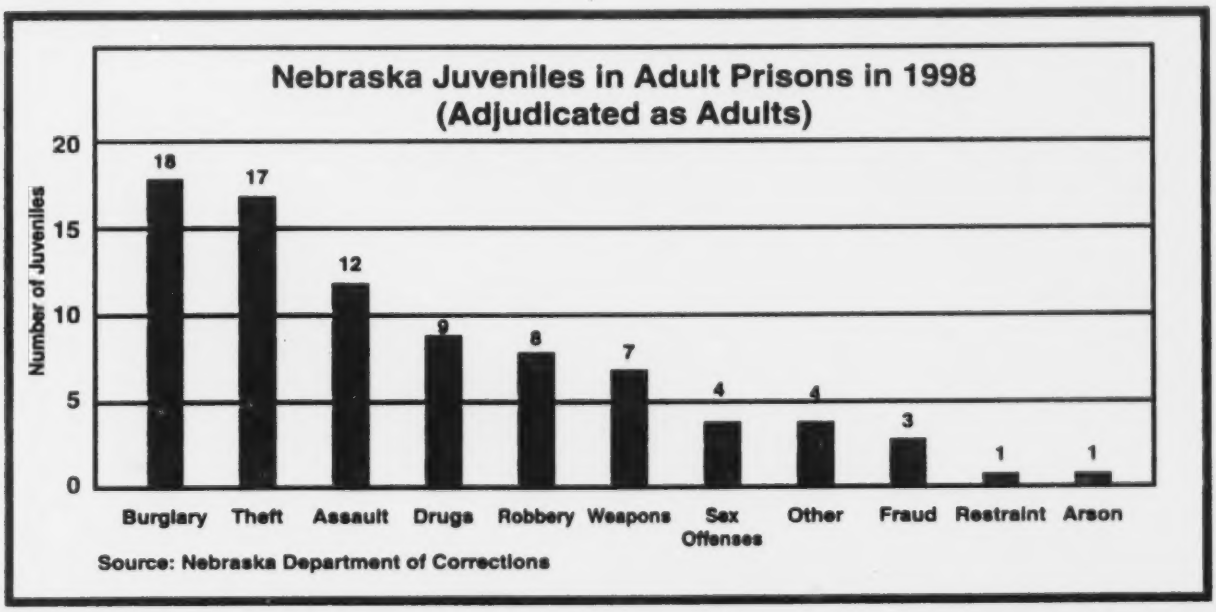
Adult Jail and Parole for Juveniles

Trying juveniles in adult court has not been found to be an effective intervention in reducing juvenile crime, however it is often used nationally. Youth tried in adult court may be incarcerated in adult prisons. During fiscal year 1998, 84 youth under the age of 18 were committed to adult prisons in Nebraska. Of these juveniles, roughly 50% were incarcerated for robbery, burglary or theft. The remaining 50% were held for various offenses such as drug offenses, weapon offenses and sex offenses. None of the youth in adult prisons in 1998 were incarcerated for homicide or manslaughter. Six youth were held for homicide in 1997. There were 11 youth on adult parole from adult prisons as of June 30, 1998.

Juvenile Detention Facilities 1998

Facility	Number Detained
Douglas County Youth Center	2,154
Lancaster County Attention Center	1,161
W. Nebraska Juv - Scottsbluff	212
N.E. Nebraska Juv - Madison	194
Douglas County Courthouse	163
Total	**3,884**

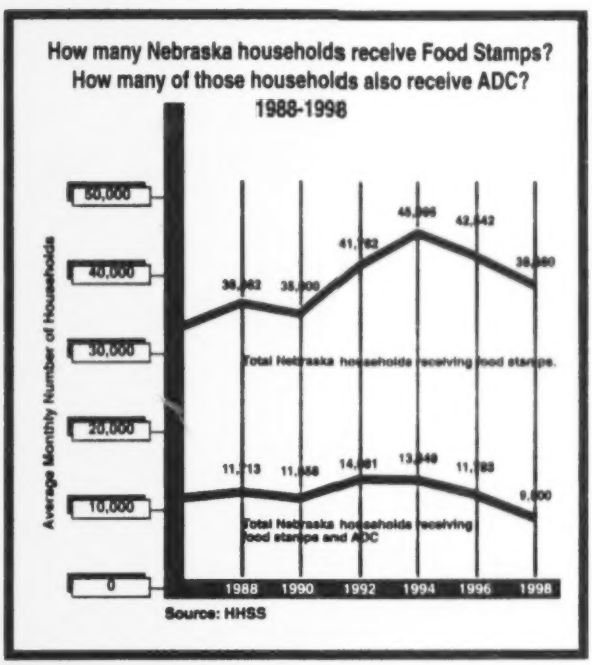
Source: Nebraska Crime Commission



Nutrition

Food Stamps

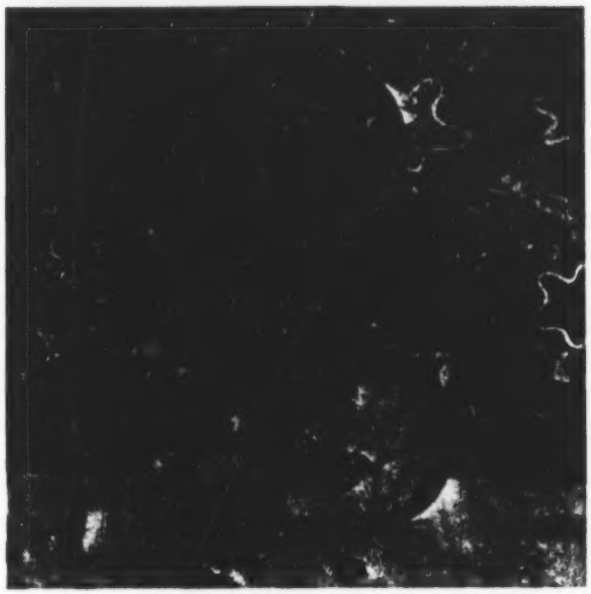
The United States Department of Agriculture (USDA) provides coupons called Food Stamps that can be redeemed in retail food stores. Nebraska Health and Human Services supplies Food Stamps to families that are at or below 130% of poverty. Food Stamps are provided to these families to help them maintain a low-cost and healthy diet.
Throughout 1998, the monthly average of 38,880 households received Food Stamps with the value of the coupons totaling $69,650,257 an average of $149.28 per household and $61.87 per person per month. In Nebraska, a total of 93,819 persons received Food Stamps monthly and approximately half of the recipients were children. There were 47,190 children ages 0-17 found eligible for Food Stamps, however participation rates are lower.



USDA Nutrition Programs

School Lunch:

In Nebraska in 1997-1998, 499 of the 889 school districts offered school lunches. Lunches are offered in 1,034 out of 1,620 Nebraska schools. Families are eligible for free or reduced price lunches based on their income level. If their income is at or below 130% of poverty the meals are free and those families at or below 185% of poverty can receive reduced price meals. The USDA provides financial assistance for all lunches served in schools regardless of the family's income level. An average of 199,897 children participated in the school lunch program in 1997-1998. An average of 73,148 children received free and reduced priced lunches. The majority, an average of 53,189, of children received free lunch while an average of 19,959 received reduced price lunch. There were 94,840 children classified as eligible to receive free/reduced priced school lunches. That leaves 21,692 eligible children who did not receive or have access to free and reduced priced lunches.



Jamie, 10 months, "Miss Manners"

School Breakfast:

In 1997-1998, 428 schools in 170 districts participated in the school breakfast program. That leaves 428 schools in 719 districts that did not offer breakfast. An average of 26,590 students benefited from the breakfast program. Out of those participants an average of 19,676 received free/reduced priced breakfasts, 17,255 received free breakfast, 2,421 received reduced priced breakfasts, while the remainder paid full-price. A total of $32,565,958 was spent for all breakfasts and lunches in 1998.

Summer Food Service Program:

The summer food program provides meals to children and adults through the majority of the summer. The summer program is also funded by the USDA but is only utilized in 14 counties with a total of 6,786 children participating in 1998. The total number of children participating may be higher than the actual numbers because four of the sites offer both

lunch and breakfast to participants. In 1998, two counties no longer qualified for the program that qualified in 1997, while one county was added. There were a total of 94 summer food program sites in 1998; this is 8 less than the 102 sites in 1997. The USDA summer food program also funds food for Nebraska summer camps, however these participants are not included in the total number of Nebraska participants for they are from varying counties and other states.

Child and Adult Care Food Program:
Child and adult care centers provided an average of 11,094 lunches daily in centers and 21,547 in homes through this food program in 1998.

Commodity Distribution Program:
In 1998, a monthly average of 10,238 households received nutritional assistance through this program. The USDA purchases some surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens, and pantries. Nebraska furnished USDA commodities to Pantries across the state. A monthly average of 64,192 meals was served in soup kitchens with assistance from this program.

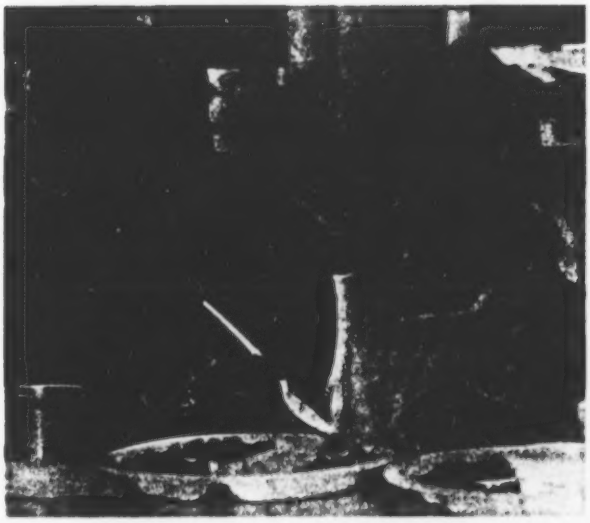
Commodity Supplemental Foods Program (CSFP):
Women who are at or below 185% of poverty and are pregnant, breast-feeding, and postpartum are provided surplus commodity foods such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula, and cereal. Infants and children to age six receive commodities if their families are at or below 185% of poverty. Seniors age 60 or older can receive food if they are at or below 130% of poverty. An average of 1,633 women, infants, and children were served by CSFP per month totaling 19,593 total food packages for Fiscal Year 1998. Seniors received 141,339 food packages averaging 11,778 seniors served per month in 1998. CSFP currently has 43 sites serving all 93 counties.

CSFP – FFY 1998

	Women	Infants	Children	Seniors
Total Avg./Mo./served 13,411	221	70	1,342	11,778
Total food pkgs. 160,932	2,654	836	16,103	141,339

Source: HHSS

WIC:
The Special Supplemental Nutrition Program for Women Infants and Children began in 1974 and served 344,000 at-risk, pregnant, breastfeeding and postpartum women,



Hannah and her teacher – "Delicate Dining"

infants, and children up to the age of five. Today, WIC serves 7.4 million participants nationally, according to the *Douglas County Health Department Maternal and Child Health Newsletter.* In the newsletter, it states that every dollar spent on a pregnant woman on WIC produces $1.92 to $4.21 in Medicaid savings for newborns and their mothers. WIC provides supplemental foods such as milk, juice, cheese, and cereal to pregnant, postpartum and breastfeeding women and children under five at nutritional risk in an effort to ensure normal growth, reduce levels of anemia, and improve diets. Applicants must live in Nebraska, have a nutritional risk and meet the income guidelines of 185% of poverty. Fathers, foster parents, and guardians are encouraged to apply for their children also. As of April 30, 1998, 54% of the 57,561 income eligible persons participated in WIC. Recently, there has been a drop in WIC participation in Nebraska. In 1996, there were 35,376 WIC participants, 32,351 participated in 1997, while 31,107 participated in 1998.

WIC participants

Year	Average Monthly Program Participants
1989	20,641
1990	21,915
1991	25,436
1992	28,714
1993	31,885
1994	33,592
1995	35,059
1996	35,376
1997	32,351
1998	31,107

Source: HHSS

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Out-of-Home Care and Adoption

Out-of-Home Care

In Nebraska a child can be placed in out-of-home care for a number of reasons ranging from abusive or neglectful parental behavior to their own delinquent behavior or runaway status. Most are placed with the HHSS as state wards. Children may be placed in a variety of placements such as foster homes, group homes, residential treatment facilities or juvenile correction facilities. There are a small number of children placed in private residential facilities that are not considered wards of the state.

"Kinship Care"

State Foster Care Review Board

All out-of-home care data has been provided by the Foster Care Review Board (FCRB) with the exception of the number of licensed and approved foster care providers which was provided by HHSS. The Foster Care Review Board is an independent state agency created in 1982. The plans, services, and placements of children who have been in out-of-home care for six months or longer are reviewed by over 350 trained citizen volunteers who serve on local Boards across the state. Reviews are shared with all legal parties to the case. The Board also maintains an independent tracking system for all children in out-of-home care, and regularly disseminates information on the status of children in out-of-home care in Nebraska.

How Many Children Are In Out-of-Home Care?

In Nebraska, there were a total of 10,945 children in out-of-home care in 1998. Of this total, 4,960 children were in care when the year began and another 5,985 children entered during the year. There were 5,543 children who left out-of-home care during 1998, leaving 5,402 children remaining in care on December 31, 1998. Children in out-of-home care in the custody of HHSS accounted for 4,605 of the 5,402 children in care on December 31, 1998. Of the 5,985 children who entered care during 1998, 3,621 children experienced their first removal from the home, while 2,364 children had been removed from their home at least once before.

When a child is placed in out-of-home care, up to three reasons can be recorded as the cause for removal of the child from their home. Parental neglect is the most commonly recorded reason for a child to be placed in out-of-home care. Neglect has several definitions that range from outright abandonment to inadequate parenting skills that can affect the child's well-being. Abuse is the second most prevalent issue resulting in placement. Physical abuse is the most reported form of abuse followed by sexual abuse and then emotional abuse. Parental substance abuse is often the reported cause of placement as well as the behaviors, physical needs, or emotional needs of the child.

Children in out-of-home care may be placed in a variety of settings. The following is an estimate (based on the percentages for 1997) of the number of children in each type of placement on December 31, 1998. An estimate was necessary because a significant number of the reports received by the FCRB from HHSS did not include placement type. Of the 5,402 children in out-of-home care on December 31, 1998, it is estimated there were 1,805 in foster homes, 1,168 in group homes, 655 with relatives, (kinship care) 582 in emergency shelters, 565 in detention or youth rehabilitation and treatment development centers (YRTC), 251 in pre-adoptive homes, and 166 in psychiatric facilities. The remaining 210 children would have been in a variety of specialized placement types or on runaway status.

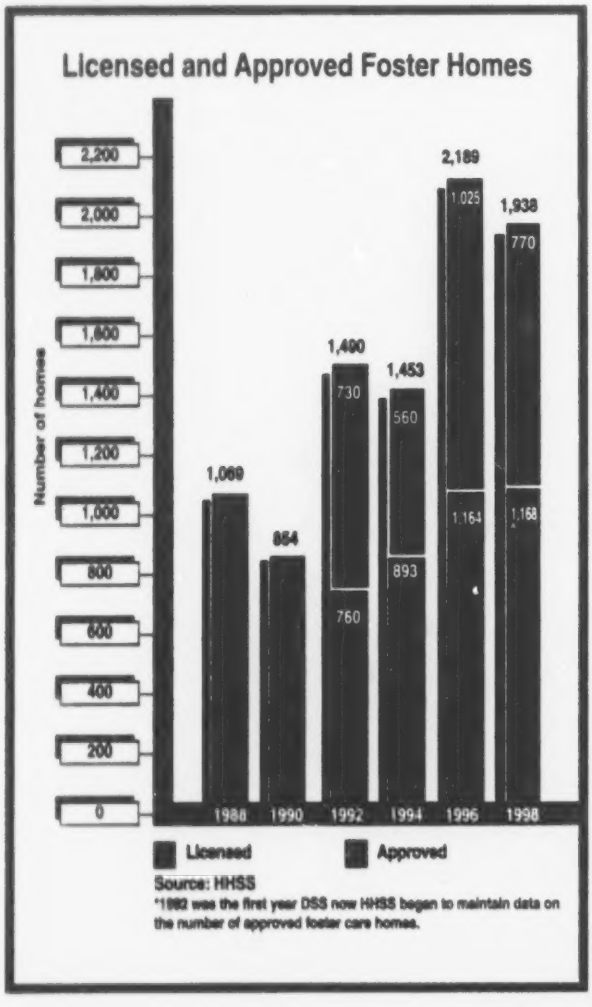
Licensed and Approved Foster Homes

On June 18, 1998, there were 1,168 licensed foster homes, a decrease from the 1,194 licensed homes in 1997. However, the number of approved foster care homes has increased slightly from 740 in 1997 to 770 on June 18, 1998, according to data provided by HHSS. The increase in approved foster homes has helped make up for the loss of licensed providers, however approved providers are not required to meet the same standards as licensed providers. Licensed foster care providers must pass background checks consisting of reference checks, a local criminal record check, and child abuse registry checks. Licensed providers must also participate in a series of interviews and complete initial and ongoing training. Approved providers are usually relatives or individuals who have known the child or family prior to placement. These individuals are approved to provide care for the child or children from one family only. They receive an evaluation of their home and must pass the child abuse registry check and a local criminal record check; however they are not required to complete pre-service or ongoing training.

Number of Placements Experienced by Children in Out-of-Home Care

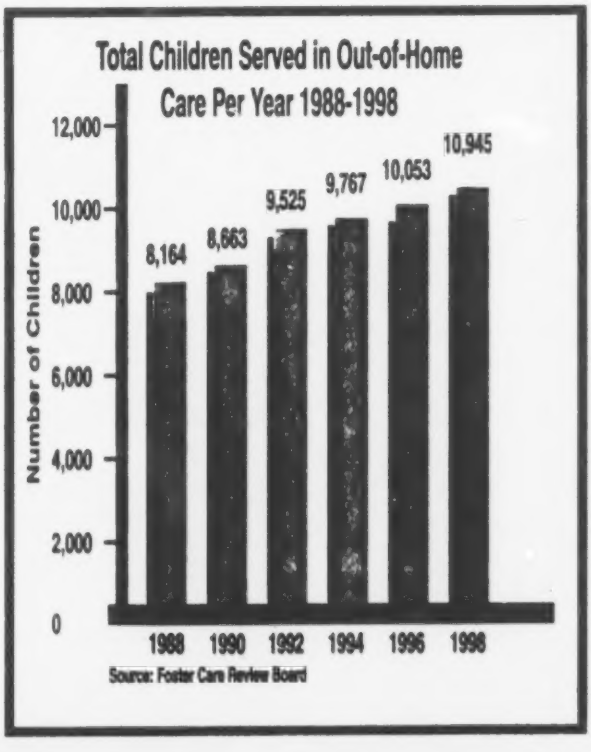
Number of Placements	In Care on Dec. 31, 1988	In Care on Dec. 31, 1998
4 or more	33.0% (1444 of 4375)	47.3% (2554 of 5402)
6 or more	19.5% (831 of 4375)	32.4% (1750 of 5402)
10 or more	7.1% (312 of 4375)	15.6% (841 of 5402)

Source: State Foster Care Review Board Tracking System



Lack of Foster Care Homes

A total of 1,938 approved and licensed foster homes were available in Nebraska in 1998, according to HHSS. The lack of foster care providers presents a problem considering there were 5,402 children in out-of-home care in December of that same year needing a variety of placement types including foster homes.



A Foster Parent's Story

"I have had 13 foster children in the past ten years. Some stay for a long time while others come and go quickly. One of my most recent experiences has been with a young lady who was so insecure and lacking in self-esteem that she could not look me in the eye to answer simple questions. Instead, she would roll up into a ball on the couch, her head buried in her arms as she mumbled yes and no responses to my questions. When she was upset or angry she would take this same infantile position and rock back and forth to calm herself. In about a year's time that young lady blossomed into a 5'10" tall, spunky thirteen-year-old. She has run for student council, is helping produce the yearbook and enjoys clown troupe. She can look anyone in the eye and converse easily. The same fearful child is now a bright young lady who laughs, sings and is a joy to share time with. It is so rewarding to see child grow and change at this pace." – An Omaha Foster Parent

If you are interested in becoming a foster parent, please call 1-800-7PARENT for more information.

Multiple Placements

It is not unusual for a child to experience a number of placement moves while they are in out-of-home care. The FCRB tracking system counts each move as a placement; therefore, if a child was placed in a foster home, then sent to a mental health facility, then was placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Changes in placement require children to adjust not only to a new caretaker and environment but often new peers, new rules, and a new school. These changes can have an adverse effect on a child.

Race and Ethnicity

Minority children are over-represented in out-of-home care in Nebraska. According to the 1998 census estimates, approximately 14% of the population of children in Nebraska are minority children, but make up approximately 25% of the children in out-of-home care.

Out-of-Home Care Children by Race on December 31, 1998

Race	Percent In Care
White	48.8%
Black	14.6%
Unknown*	25.5%
Hispanic	5.3%
Native American	4.4%
Asian	1.4%

Source: Foster Care Review Board
*A substantial number of the reporting forms did not indicate the race of the child.

Adoption Services

When children cannot be safely reunified with their biological family the preferred permanency plan is adoption. There were 355 adoptions finalized in Nebraska agencies in 1998, an increase from the 267 adoptions finalized in 1997. Subsidies may be available to remove some barriers to adoption for children who are older, need to be placed with one or more siblings, are of minority races or who have special behavioral, emotional or physical needs.

Reasons for Entering Out-of-Home Care in 1998

Reasons for Placement	Number of children
Neglect	4,203
Physical Abuse	1,081
Parental Substance Abuse	949
Children's behaviors	909
Sexual abuse	459
Children's physical or emotional needs	453
Emotional abuse	303
Other reasons	180

Source: Foster Care Review Board

POLICY

In 1999, Nebraska passed LB134, which gives adoptive parents the right to take a leave of absence upon the commencement of the parent-child relationship as is provided for birth parents upon the birth of their child. Adoptive parent leave of absence is not required of employers if a child's adoptive parent(s) were previously his or her foster parent(s).

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County Data Notes

1 TOTAL COUNTY POPULATION
Source: 1990 U.S. Census of Population and Housing, Summary Tape File 3A (STF3A).

2 CHILDREN 17 AND UNDER
Source: 1990 U.S. Census of Population, STF3A.

3 CHILDREN 5 AND UNDER
Source: 1990 U.S. Census of Population, STF3A.

4 BIRTHS IN 1998
Source: Nebraska Health and Human Services System (HHSS).

5 MINORITY CHILDREN (Native American, Hispanic, Black, Asian, and Children of Other Race)
Source: 1990 U.S. Census of Population, STF3A.

6 CHILDREN LIVING IN SINGLE PARENT FAMILIES (Single Head of Household may be male or female)
Source: 1990 U.S. Census of Population, STF3A.

7 PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES
Source: 1990 U.S. Census of Population, STF3A.

8 PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES
Source: 1990 U.S. Census of Population, STF3A.

9 PERCENT OF CHILDREN LIVING IN POVERTY
Source: 1990 U.S. Census of Population, STF3A.

10 PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY
Source: 1990 U.S. Census of Population, STF3A.

11 PERCENT OF MINORITY CHILDREN LIVING IN POVERTY
Source: 1990 U.S. Census of Population, STF3A.

12 PERCENT OF CHILDREN UNDER 6 YEARS OF AGE WHOSE MOTHERS WORK OUTSIDE THE HOME
Source: 1990 U.S. Census of Population, STF3A.

13 AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC IN 1998
Source: HHSS.

14 AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING MEDICAID SERVICES in 1998
Source: HHSS.

15 NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE FOR WIC SERVICES IN 1998
Source: United States Department of Agriculture.

16 NUMBER OF WOMEN, INFANTS AND CHILDREN ENROLLED IN WIC SERVICES IN 1998
Source: HHSS.

17 AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 1998
Source: Nebraska Department of Education.

18 AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR SUBSIDIZED SCHOOL LUNCH 1998
Source: Nebraska Department of Education.

19 NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 1998
Source: Nebraska Department of Education.

20 BIRTHS TO TEENS AGES 10 TO 17 YEARS OLD FROM 1989 to 1998
Source: HHSS.

21 OUT OF WEDLOCK BIRTHS FROM 1989 TO 1998
Source: HHSS.

22 INFANT DEATHS 1989 TO 1998
Source: HHSS.

23 DEATHS IN CHILDREN AGES 1 TO 19 FROM 1989 TO 1998
Source: HHSS.

24 NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 1998
Source: HHSS.

25 HIGH SCHOOL GRADUATES 1998
Source: Nebraska Department of Education.

26 SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 1997-1998
Source: Nebraska Department of Education.

27 NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 1997-1998
Source: Nebraska Department of Education.

28 COST PER PUPIL (Public Expenditures) FOR THE SCHOOL YEAR 1997-1998
Source: Nebraska Department of Education.

29 HEAD START ENROLLMENT FOR 1998
Source: U.S. Department of Health and Human Services, Region VII Office of Community Operations.

30 CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 1998
Source: Nebraska Foster Care Review Board.

31 REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STDs FROM 1994 TO 1998
Source: HHSS.

32 JUVENILE ARRESTS 1998
Source: Nebraska Crime Commission and Omaha Police Department.

"Lunchtime Snooze"

COUNTY	1 TOTAL POPULATION	2 CHILDREN AGE 0-17	3 CHILDREN UNDER 5	4 1998 BIRTHS	5 MINORITY CHILDREN	6 CHILDREN WITH SINGLE PARENTS	7 % POOR w/ SINGLE PAR.	8 % POOR w/ TWO PARENTS	9 % CHILDREN IN POVERTY	10 % UNDER 5 IN POVERTY	11 % MIN. CHIL IN POVERTY	12 % UNDER 6 WORKING MOM	13 FAMILIES ON ADC	14 MEDICAID ELIG. CHILDREN	15 WIC ELIGIBLE 1998	16 1998 WIC ENROLLED
ADAMS	29625	7393	2118	408	120	1162	59	41	13	15	19	77	240	1560	1011	685
ANTELOPE	7965	2452	656	83	31	234	21	79	23	29	87	58	33	393	503	105
ARTHUR	462	114	36	9	2	0	0	100	19	28	0	33	1	14	33	8
BANNER	852	251	66	5	8	11	18	82	29	36	0	64	6	27	50	23
BLAINE	675	183	41	7	0	0	0	100	39	51	.	63	3	33	32	6
BOONE	6667	1943	534	68	16	107	15	85	16	20	63	70	30	295	393	136
BOX BUTTE	13130	4172	1098	166	413	713	58	42	14	18	46	60	99	798	523	383
BOYD	2835	765	175	29	7	50	11	89	29	32	71	52	12	91	145	53
BROWN	3657	993	256	48	10	127	21	79	23	33	0	65	6	192	197	90
BUFFALO	37447	9641	2707	583	464	1226	50	50	12	14	25	78	326	2015	1124	851
BURT	7868	2096	518	86	80	234	33	67	21	23	56	66	35	317	378	102
BUTLER	8601	2391	605	89	40	258	39	61	11	15	13	70	28	303	282	103
CASS	21318	6128	1687	313	161	729	35	65	8	13	18	69	163	1117	941	296
CEDAR	10131	3146	844	116	6	134	13	87	14	11	0	73	13	225	445	121
CHASE	4381	1259	329	43	52	163	28	72	14	19	70	53	16	176	248	87
CHERRY	6307	1807	515	75	174	188	20	80	34	47	69	61	31	376	466	183
CHEYENNE	9494	2621	719	125	166	485	54	46	13	21	43	81	43	466	390	143
CLAY	7123	1943	473	75	54	200	40	60	13	13	59	69	37	333	266	107
COLFAX	9139	2542	722	166	112	211	18	82	11	15	7	68	30	331	337	272
CUMING	10117	2844	728	145	34	241	19	81	11	10	0	74	34	329	398	209
CUSTER	12270	3308	841	115	95	338	31	69	17	21	61	73	61	683	456	266
DAKOTA	16742	5046	1414	379	723	859	55	45	15	19	28	73	144	1244	733	571
DAWES	9021	2311	577	102	194	399	57	43	22	36	77	71	89	557	408	226
DAWSON	19940	5546	1385	401	350	670	48	52	13	20	13	70	187	1767	931	1074
DEUEL	2237	602	137	16	73	78	42	58	17	31	62	59	5	46	131	25
DIXON	6143	1727	458	92	14	155	23	77	16	18	29	79	18	206	282	90
DODGE	34500	8992	2376	432	231	1189	51	49	10	14	35	75	221	1510	1202	715
DOUGLAS	416444	112059	33192	7090	23129	25497	78	22	15	20	41	71	5895	28849	14788	8187
DUNDY	2582	658	130	18	10	63	34	66	10	5	10	75	7	86	55	35
FILLMORE	7103	1877	487	64	15	141	23	77	9	9	55	65	28	260	213	103
FRANKLIN	3938	919	258	28	20	73	13	87	14	5	35	62	17	123	138	34
FRONTIER	3101	875	196	39	17	93	16	84	22	22	29	76	8	135	165	42
FURNAS	5553	1350	287	53	45	101	27	73	15	21	53	57	27	305	188	137
GAGE	22794	5537	1520	286	111	855	42	58	17	23	7	81	109	959	828	328
GARDEN	2460	574	159	14	6	69	38	62	24	22	0	84	11	120	88	28
GARFIELD	2141	553	135	20	2	49	23	77	22	16	0	73	8	99	94	58
GOSPER	1928	476	104	24	0	36	31	69	11	17	.	71	3	56	71	34
GRANT	769	228	64	13	3	32	58	42	16	23	0	64	2	44	41	27
GREELEY	3006	933	209	38	8	102	36	64	15	19	0	79	53	138	132	90
HALL	48925	13960	3851	900	1251	2059	52	48	14	19	36	76	544	3618	1854	1663
HAMILTON	8862	2598	678	108	99	216	19	81	11	11	25	75	32	290	305	146
HARLAN	3810	941	244	35	0	71	26	74	15	19	.	70	13	142	163	34
HAYES	1222	331	91	5	0	9	5	95	23	42	.	54	2	16	69	12

HITCHCOCK	3750	1075	252	35	22	73	18	82	19	16	0	68	14	175	154	70
HOLT	12599	3818	1057	136	23	298	16	84	17	22	0	65	50	617	665	328
HOOKER	793	198	49	5	4	24	65	35	13	8	0	78	5	38	23	16
HOWARD	6055	1709	431	89	36	144	29	71	16	20	12	71	24	252	247	137
JEFFERSON	8759	2146	567	69	51	162	42	58	10	8	41	73	39	331	273	104
JOHNSON	4673	1140	267	36	41	142	36	64	15	15	20	79	18	158	139	64
KEARNEY	6629	1774	506	75	20	216	30	70	14	21	32	69	23	218	293	69
KEITH	8584	2386	611	81	242	337	31	69	12	13	34	75	36	417	360	192
KEYA PAHA	1029	270	50	7	0	21	18	82	35	34	.	45	3	56	47	15
KIMBALL	4108	1125	283	50	113	195	50	50	14	12	23	57	19	184	157	48
KNOX	9534	2498	607	113	209	232	20	80	26	27	60	74	197	558	395	146
LANCASTER	213641	50912	15112	3388	3957	8605	62	38	10	14	36	75	1342	9836	5420	4004
LINCOLN	32508	9353	2383	427	821	1626	59	41	16	23	47	58	351	2204	1221	872
LOGAN	878	292	71	5	4	15	21	79	18	20	0	64	5	27	47	10
LOUP	683	188	49	10	2	10	17	83	13	0	100	57	15	24	35	13
MADISON	32655	9389	2663	505	445	1269	54	46	10	10	23	78	239	1945	1090	853
McPHERSON	546	161	40	6	0	9	10	90	58	43	.	74	1	13	30	7
MERRICK	8042	2263	576	105	34	199	37	63	14	18	0	65	31	303	398	195
MORRILL	5423	1511	394	68	176	126	21	79	20	26	48	54	39	326	244	147
NANCE	4275	1220	335	56	39	76	19	81	16	22	26	77	13	169	204	88
NEMAHA	7980	1950	511	72	28	182	36	64	12	18	56	54	67	380	264	89
NUCKOLLS	5786	1509	343	48	9	135	20	80	18	26	22	71	23	186	212	101
OTOE	14252	3681	951	187	101	349	26	74	14	19	42	72	70	530	483	186
PAWNEE	3317	778	213	25	22	108	19	81	16	17	0	66	8	92	157	33
PERKINS	3367	1000	226	27	17	74	17	83	21	15	24	61	7	84	96	26
PHELPS	9715	2619	705	124	109	361	42	58	12	21	33	86	48	401	347	163
PIERCE	7827	2297	619	86	49	204	32	68	12	14	20	68	24	304	338	103
PLATTE	29820	9277	2579	472	228	875	37	63	11	12	10	75	126	1223	1191	571
POLK	5675	1541	344	63	8	119	14	86	11	9	43	75	12	165	131	48
RED WILLOW	11705	3136	838	141	113	492	43	57	16	20	11	72	74	611	493	288
RICHARDSON	9937	2539	695	109	54	232	43	57	13	19	6	66	74	537	431	185
ROCK	2019	588	144	17	0	99	35	65	23	35	.	52	6	78	110	37
SALINE	12715	3135	827	141	65	297	35	65	12	13	37	80	34	470	290	243
SARPY	102583	32992	9536	1954	3991	3728	51	49	6	7	9	67	390	2730	3341	1424
SAUNDERS	18285	5186	1365	219	87	463	28	72	12	14	10	71	53	609	765	191
SCOTTS BLUFF	36025	10110	2561	503	2682	2095	50	50	22	32	43	63	605	3205	1879	998
SEWARD	15450	4073	1069	164	92	416	45	55	12	14	42	75	47	420	453	174
SHERIDAN	6750	1897	405	61	253	288	35	65	26	33	58	58	60	462	335	146
SHERMAN	3718	1052	242	35	12	88	15	85	20	19	50	70	11	140	193	59
SIOUX	1549	409	100	6	24	43	21	79	26	26	43	65	1	18	96	5
STANTON	6244	2077	572	95	19	191	32	68	16	22	53	58	15	207	356	58
THAYER	6635	1647	382	63	54	180	29	71	17	27	50	79	25	237	303	77
THOMAS	851	266	52	5	16	58	28	72	28	38	50	73	2	33	38	22
THURSTON	6936	2428	757	148	1464	686	64	36	42	49	61	65	328	1219	664	45
VALLEY	5169	1290	322	50	5	117	48	52	13	23	0	75	22	214	251	120
WASHINGTON	16607	4613	1063	226	73	436	33	67	5	9	40	72	48	413	453	157
WAYNE	9364	2248	642	98	39	227	27	73	15	17	20	70	39	224	326	103
WEBSTER	4279	1012	263	41	19	80	26	74	15	17	32	70	12	138	140	65
WHEELER	948	311	89	13	2	12	2	98	18	29	0	43	0	29	55	26
YORK	14428	4013	1143	163	83	344	24	76	7	11	27	67	50	563	431	272
STATEWIDE	1578385	429187	175353	23533	44303	66385	53	48	14	17	37	71	13415	84417	57561	31281

COUNTY	17 FREE/SUBSID. BREAKFAST '98	18 FREE/SUBSID. SCHOOL LUNCH	19 SUMMER FOOD PROGRAM	20 TEEN BIRTHS 10-17, '89-'98	21 OUT WEDLOCK BIRTHS '89-'98	22 INFANT DEATHS '89-'98	23 1-19 DEATHS '89-'98	24 LOW BIRTH WEIGHT 1998	25 GRADUATES '97-'98	26 DROPOUTS '97-'98	27 SPECIAL ED. '97-'98	28 COST PER PUPIL '97-'98	29 HEAD START 1998	30 FOSTER CARE 1998	31 STDs 19 & UNDER 1994-1998	32 JUVENILE ARRESTS
ADAMS	203	917	217	128	937	35	36	38	369	90	788	5429	105	130	83	457
ANTELOPE	21	482	0	18	122	2	9	2	130	3	141	5975	18	13	5	6
ARTHUR	0	0	0	0	2	0	0	1	5	0	11	9243	0	1	0	1
BANNER	0	62	0	2	7	1	3	0	21	3	19	6457	0	0	0	0
BLAINE	0	62	0	2	6	0	1	0	16	0	11	9099	0	0	0	0
BOONE	145	419	0	19	107	5	7	1	123	5	178	5758	20	7	8	16
BOX BUTTE	0	405	0	93	460	16	16	9	210	29	330	5209	50	22	19	332
BOYD	0	141	0	13	42	3	5	2	45	0	103	6891	0	2	0	3
BROWN	0	106	0	16	58	3	15	3	59	1	68	5725	16	5	1	9
BUFFALO	624	1528	170	152	1113	39	36	29	542	70	375	5074	81	80	173	478
BURT	76	304	0	24	175	5	10	7	122	11	249	5475	17	12	1	37
BUTLER	50	338	0	27	138	6	5	4	149	4	206	5774	18	10	7	41
CASS	201	726	0	99	615	30	30	16	272	31	573	5349	123	21	44	182
CEDAR	64	666	0	12	141	12	16	4	199	2	222	5792	18	6	2	72
CHASE	0	251	0	23	84	4	4	0	96	7	150	6338	10	0	2	28
CHERRY	62	287	0	26	134	3	5	4	84	7	101	5739	38	8	1	70
CHEYENNE	147	488	231	51	266	5	13	8	141	16	287	5946	43	46	7	59
CLAY	0	347	0	24	129	9	14	3	130	5	298	6708	20	26	13	37
COLFAX	0	474	0	52	306	14	15	13	139	26	257	5169	20	18	24	98
CUMING	61	572	0	33	209	6	17	6	168	8	289	5317	21	13	5	66
CUSTER	60	562	0	39	216	12	16	4	184	14	234	5820	18	32	6	67
DAKOTA	442	1092	179	158	991	36	18	27	199	66	479	4564	72	34	108	257
DAWES	187	288	0	29	254	7	5	5	180	80	290	5795	60	6	54	76
DAWSON	72	1451	136	185	1098	43	32	28	309	64	618	5314	69	128	49	442
DEUEL	0	132	0	7	40	2	1	0	45	6	53	7412	19	3	1	14
DIXON	28	165	0	26	142	7	11	6	61	4	96	5514	0	7	7	44
DODGE	143	1388	0	137	1000	38	37	23	494	67	858	5468	125	143	85	275
DOUGLAS	11611	21381	3580	2983	21371	600	462	532	5184	1761	10965	5517	814	1753	5122	5522
DUNDY	21	113	0	4	33	0	5	1	35	1	61	6861	0	3	0	7
FILLMORE	149	368	0	20	111	6	3	6	98	2	212	6723	18	10	46	30
FRANKLIN	0	150	0	9	43	1	4	4	49	3	91	6990	15	9	2	8
FRONTIER	51	265	0	7	38	0	4	0	63	3	138	6744	10	1	4	8
FURNAS	67	352	0	19	86	6	5	2	107	5	184	6879	20	6	1	53
GAGE	190	664	0	107	499	22	32	23	190	33	522	5550	58	31	50	265
GARDEN	0	154	0	5	23	1	1	0	31	0	41	8166	12	13	1	18
GARFIELD	0	99	0	3	25	4	4	1	35	0	59	6195	17	6	0	1
GOSPER	10	60	0	4	32	1	1	1	22	0	54	5683	0	6	3	5
GRANT	0	47	0	1	6	1	4	1	25	0	20	7276	0	0	0	1
GREELEY	54	295	0	11	69	0	7	1	72	0	85	6788	18	4	1	1
HALL	709	2229	227	406	2342	67	60	64	696	198	1584	5098	153	186	190	1497
HAMILTON	11	314	0	30	153	9	12	5	131	15	225	5647	20	16	15	16
HARLAN	32	85	0	9	53	2	4	0	34	2	46	5561	10	1	3	25
HAYES	0	61	0	3	9	0	2	0	13	1	18	9053	0	0	1	0

HITCHCOCK	21	140	0	20	64	3	2	1	57	2	81	7456	10	1	0	4
HOLT	13	532	0	36	209	10	21	12	208	9	249	5826	47	39	14	77
HOOKER	0	35	0	1	7	0	0	0	21	0	25	6932	0	0	0	9
HOWARD	121	353	0	29	145	8	12	7	120	9	182	5588	20	14	9	35
JEFFERSON	108	480	0	29	132	9	8	4	160	22	305	6005	20	21	14	85
JOHNSON	0	223	0	10	75	4	6	1	80	7	125	6337	0	5	9	1
KEARNEY	16	239	0	11	113	9	19	3	95	5	202	5781	35	19	8	91
KEITH	19	287	0	56	217	9	7	8	128	13	230	5590	18	24	12	94
KEYA PAHA	0	38	0	0	7	1	1	0	16	0	10	6861	0	0	0	8
KIMBALL	73	170	0	16	88	3	4	4	51	5	90	5838	18	18	8	34
KNOX	146	803	81	39	230	9	16	11	184	9	282	6377	18	7	10	58
LANCASTER	2036	6961	629	941	6847	242	183	232	2419	714	5394	5912	392	625	1873	4203
LINCOLN	461	1239	327	189	1126	46	40	35	489	74	1037	5168	36	138	47	359
LOGAN	22	51	0	1	7	1	2	0	18	0	25	7171	0	0	0	0
LOUP	0	61	0	1	7	0	1	0	22	1	23	7764	0	0	0	2
MADISON	39	1394	0	186	1243	45	52	35	554	78	844	5053	54	85	140	604
McPHERSON	0	0	0	1	2	0	2	0	11	0	6	6273	0	0	0	0
MERRICK	23	380	0	27	178	5	14	3	116	9	242	5944	20	9	9	35
MORRILL	129	368	178	32	150	5	15	6	74	7	113	6207	30	13	10	33
NANCE	54	254	133	19	88	5	4	2	68	7	109	5302	17	2	4	19
NEMAHA	0	221	0	15	158	8	10	6	117	4	148	5916	34	11	7	70
NUCKOLLS	30	205	0	16	75	2	5	3	88	4	152	6569	20	8	2	13
OTOE	16	395	0	79	375	12	15	11	184	34	420	5328	34	9	10	143
PAWNEE	54	230	0	9	29	2	6	1	50	1	60	6256	13	2	7	5
PERKINS	0	142	0	7	42	0	7	3	52	2	72	6864	0	2	0	18
PHELPS	51	323	0	38	175	8	15	10	139	5	371	5980	15	28	11	53
PIERCE	94	377	0	27	141	12	11	6	115	5	204	5288	0	8	7	36
PLATTE	194	1111	0	134	872	34	42	20	490	77	748	5100	74	60	30	512
POLK	0	227	0	14	80	4	5	6	95	4	158	6145	10	5	7	3
RED WILLOW	97	547	0	49	307	14	11	9	165	15	411	5666	18	18	29	308
RICHARDSON	122	613	0	37	255	8	10	10	153	7	262	5486	62	16	2	47
ROCK	0	87	0	4	21	1	5	1	32	2	40	6617	0	0	0	23
SALINE	82	475	0	27	229	12	13	2	188	24	352	5101	20	13	37	223
SARPY	321	2497	0	397	2647	131	114	109	1373	109	2348	5158	108	365	333	1962
SAUNDERS	89	640	0	49	336	10	13	15	245	11	452	5639	44	31	30	231
SCOTTS BLUFF	427	1824	291	345	1806	39	48	26	435	84	899	5022	217	141	191	504
SEWARD	20	449	0	31	225	3	17	10	259	35	420	5604	20	27	16	122
SHERIDAN	76	374	0	33	233	7	11	2	105	5	154	5881	40	10	15	107
SHERMAN	22	217	0	19	92	3	7	0	50	3	72	6670	20	11	1	13
SIOUX	0	0	0	2	12	2	2	0	10	0	16	9256	0	1	0	0
STANTON	0	148	0	30	146	1	5	2	48	8	64	5296	13	4	8	46
THAYER	0	283	0	9	84	1	6	3	100	6	152	6926	20	10	4	42
THOMAS	3	43	0	0	12	0	0	0	9	0	20	8464	0	0	0	0
THURSTON	261	675	407	121	948	22	13	6	106	58	437	6403	18	5	122	10
VALLEY	0	207	0	17	90	2	8	2	70	4	100	6301	20	11	9	34
WASHINGTON	10	363	0	37	303	13	18	9	263	27	438	5085	0	14	32	186
WAYNE	19	342	0	17	165	8	9	6	127	6	179	5334	18	3	41	44
WEBSTER	0	129	0	12	58	1	3	4	73	2	57	6204	15	3	0	22
WHEELER	13	47	0	2	9	1	0	0	10	1	16	8854	0	2	0	0
YORK	31	412	0	27	322	14	14	10	209	11	304	6447	47	35	18	188
STATEWIDE	20804	67901	6786	8264	54867	1852	1829	1540	21528	4168	40689	5588	3781	4691	9280	21340

Methodology, Data Sources and Definitions

GENERAL

Data Sources: Sources for all data are listed below by topic. In general, data was obtained from the state agency with primary responsibility for that subject and from reports of the U.S. Bureau of Census and the U.S. Department of Commerce. With respect to population data, the report utilizes data from the 1990 U.S. Census of Population and Housing (STF3A).

Race – Race/Hispanic identification – Throughout this report, race is reported based on definitions used by the U.S. Bureau of Census. The census requests adult household members to specify the race for each household member including children. The racial categories provided are White, Black, American Indian/Eskimo/Aleut, Asian/Pacific Islander, and Other Race. These racial categories are mutually exclusive; all persons are expected to respond with a single category. The census treats Hispanic origin as a separate category and Hispanics may be of any race. In Nebraska, the great majority of Hispanic householders classify themselves as of either White or Other Race.

Rate – Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons. (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population.)

Selected Indicators for the 1999 Report – The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the *Kids Count in Nebraska* project consultants and advisors, and the national Kids Count indicators.

INDICATORS OF CHILD WELL-BEING

Child Abuse and Neglect/ Domestic Violence

Data Sources: Data was provided by the Health and Human Services System, (HHSS), and the Nebraska Domestic Violence/Sexual Assault Coalition. Estimates provided by HHSS are based on a four-year average of the years 1994-1997. Due to the HHSS computer conversion estimates were the only statistics available. Data regarding hospital discharges was provided by vital statistics. Abuse fatalities data was provided by vital statistics.

Neglect – Can include emotional, medical, physical neglect, or failure to thrive.

Substantiated Case – A case has been reviewed and an official office or court has determined that credible evidence of child abuse and or neglect exists. Cases are reviewed by HHSS and/or an appropriate court of law.

Agency Substantiated Case – HHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence" that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court Substantiated Case – A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence Shelter – Shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

Early Childhood Care and Education

Data sources: Parents in the workforce data was taken from the U.S. Census of Population and Housing, 1990. Data concerning child care subsidies and licensed childcare was provided by HHSS. Data concerning Head Start was provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, Head Start and Youth Branch. Data concerning early childhood initiatives was obtained from the Nebraska Department of Education web site for Early Childhood.

Child Care Subsidy – HHSS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Families with Dependent Children and families at or below 110% of poverty. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed Child Care – State statute requires HHSS to license all child care providers who care for four or more children for more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center Based Care – Day care centers which provide care to many children from a number of families. State license is required.

Family Child Care Home I – Provider of child care in a home to between 4 and 8 children from families other than providers at any one time. State license is required. This licensure procedure begins with a self-certification process.

Family Child Care Home II – Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start – The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start-early childhood education.

Economic Well-Being

Data Sources: Data related to Temporary Assistance to Needy Families, Kids Connection income guidelines, poverty guidelines, and child support collections was provided by HHSS. Data concerning divorce and involved children was taken from Vital Statistics provided by NHHSS. Data enumerating the number of children in low income families and cost burden for housing was taken from the 1990 Census of Population and Housing, STF3A. Data on the Earned Income Tax Credit program was provided by the Department of Revenue.

Education

Data Sources: Data on high school completion, high school graduates, secondary school drop-outs, expulsions, and children with identified disabilities was provided by the Nebraska Department of Education.

Achievement scores were provided by the state consultant on accreditation and school improvement.

Behavioral Disorder – An inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children with schizophrenia. The term does not include children with social maladjustment unless determined to have behavioral disorders.

Dropouts – A dropout is an individual who: A) was enrolled in school at some time during the previous year, or B) was not enrolled at the beginning of the current school year, or C) has not graduated from high school or completed a state or district-approved educational program, or D) does not meet any of the following exclusionary conditions; 1) transfer to another public school district, private school, or state or district-approved educational program, 2) temporary absence due to suspension or school-approved illness, or 3) death.

High School Completion – The high school completion rate is a comparison of the number of children starting high school and the number of graduation four years later. This comparison does not account for transfers in and out, deaths, or temporary absences.

Expulsion – Exclusion from attendance in all schools within the system in accordance with section 79-4, 196. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters.

Special Education – Specially designed instruction to meet the individual needs of children who meet the criteria of a child with an educational disability provided at no extra cost to the parent. May include classroom support, home instruction, instruction in hospitals and institutions, speech therapy, occupational therapy, physical therapy, and psychological services.

Health – Physical and Behavioral

Data Sources: Data for Medicaid participants was provided by HHSS. Data related to pertussis, immunizations, STDs, and blood lead levels was provided by the HHSS. Data related to infant mortality, child mortality, and births is based on HHSS 1997 Vital Statistics Report. Data related to adolescent risk behaviors sexual behaviors, and use of alcohol, tobacco, and other drugs are taken from the 1997 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries was provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities was provided by HHSS.

Prenatal Care – Data on prenatal care is reported by the mother and on birth certificates.

Low Birth Weight – A child weighing less than 2,500 grams or approximately 5.5 pounds at birth.

Juvenile Justice

Data Sources: Data concerning total arrests and the number of juveniles in detention centers was provided by the Nebraska Commission of Law Enforcement and Criminal Justice. Data concerning juveniles currently confined or on parole was provided by the HHSS, Office of Juvenile Services. Data on youth committed to YRTC programs was provided by HHS. Data on youth in the adult corrections system was provided by the Department of Corrections. Data on youth arrested/convicted of serious crimes and juvenile victims of sexual assault was provided by the Crime Commission. Data concerning juveniles on probation was provided by the Administrative Office of the Courts and Probation.

Arrests, Part I Offenses – There are two categories of serious crimes: violent crimes and crimes against property. Violent crimes include the following: murder/manslaughter, death by negligence, forcible rape, robbery, and felony assault. Crimes against property include: burglary, larceny-theft, motor vehicle theft, and arson.

Arrests, Part II Offenses – The following crimes are included: misdemeanor assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution and commercialized vice, sex offenses, drug offences, gambling, offenses against family, driving under the influence, liquor offenses, disorderly conduct, vagrancy, curfew and loitering law violations, and runaways.

Juvenile Detention – Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the communities protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) – A long term staff-secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

Nutrition

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program, and the WIC Program was provided by HHSS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

Out-of-Home Care and Adoption

Data Sources: Data was provided by HHSS and the Foster Care Review Board.

Approved Foster Care Homes – HHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes had been maintained by HHSS since 1992. Often these homes are the homes of relatives.

Licensed Foster Care Homes – Must meet the requirements of the HHSS. Licenses are reviewed for renewal every two years.

Out-of-Home Care – 24 hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to his or her family, placed in an adoptive home, receive a legal guardian, or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings, and independent living.

References

Commentary

1. Kids Count in Nebraska 1998 Report.

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